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ABSTRACT

In the summer of 1976, 133 permanent residents in the Hispano community in Wisconsin's Dane, Dodge and Jefferson counties were interviewed to determine their perceptions of their own and their families' health needs and of their unmet health needs. Respondents were primarily women since it was felt they were the best informed about the family's health conditions and medical utilization. Information was obtained on the respondents' demographic characteristics, health status and medical utilization, fertility and family planning, mental health, problems in obtaining health care, and unmet needs. Data were compared, when relevant, with similar data for 554 Anglos, obtained from a study of Dane County households in 1973. Findings included: 3 out of 10 Hispanos felt their health was "fair" or "poor", compared with 1 out of 10 Anglos; among the Hispanos' most common health complaints were headaches, nervousness, backaches, irritability, low spirits, sleeplessness, eye and sinus troubles; Hispanos felt there was need for dental care, translators or interpreters among health personnel, general and post illness checkups, health information and outreach services, and doctors' offices and clinics to be opened during evenings and weekends; 60% of the Hispano women were currently using some form of contraception; 40% indicated they would seek professional help from a doctor, counseling center, or priest when confronted with a personal problem. (NQ)

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HEALTH CARE NEEDS

of a hispanic population in dane, dodge, and jefferson counties

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RECOMMENDATIONS

A survey of 133 permanent residents in the Hispano community in Dane, Dodge and Jefferson counties revealed important unmet health needs:

- Need for dental care;
- Need for doctors' offices and clinics to be opened during evenings and weekends;
- Need to alleviate unusually high rates of reported symptoms of mental distress, i.e., nervousness, headaches, sleeplessness, upset stomachs, and so on;
- Need for translators or interpreters among health personnel;
- Need for general and post illness checkups; and,
- Need for health information and outreach services.

Many positive conclusions were also reached. In general, the Hispanic population:

- Has access to and sees a physician for acute, chronic, and some preventive care;
- Has current information about family planning;
- Listens to Spanish-speaking radio broadcasts and reads Spanish-language newsletters;
- Does not appear to have any more or less physical illness or symptoms than a comparable Anglo population in Dane County with the exception of mental distress; and,
- Pays for the medical care it receives.

A meeting of "El Comite Ciudadano por la Salud y el Bienestar" was called on June 10, 1977 to discuss these findings. On the basis of the discussion held, "El Comite" suggested the following recommendations for improving the health care being provided to the Hispanic population:

Dental Care

The expressed dental care needs of the Hispanic population requires the urgent attention of various groups working in the area of dental care. The longer this care is postponed, especially for the younger age groups, the more difficult the problems become. Dental education for the Hispano also is very important because this population lacks knowledge of preventive dentistry practices, postpones care, and takes action mostly during acute and painful episodes.

The survey results will be forwarded to the Wisconsin Dental Association, which has expressed strong interest in the findings. In addition, three local dental societies serving the survey area will be given the survey findings. These organizations, in cooperation with private, donated assistance of dentists and technicians, may be able to form dental clinics to provide needed dental care and education. A model exists in the south Milwaukee area, where a dental clinic is operated principally on the donated time of dentists, technicians, and Marquette University dentistry students. Some of these persons also are bilingual.

"El Comite" also suggested closer monitoring of Hispanic dental needs. To the extent that funding would permit cooperation, assistance should be asked from the Dental Section of the Wisconsin Department of Health and Social Services. This organization, in cooperation with local dental societies and clinics, may be able to monitor and evaluate the progress of programs designed to provide preventive, corrective and maintenance care to Hispano children and adults.

Night and Weekend Hours for Health Providers

Health clinics and doctors' offices should be opened some evening hours and/or on weekends.

The Hispano household often has two employed members working on jobs that do not have sick leave. Taking time off from work to go to the doctor means loss of pay. In addition, many families who live in rural areas only have one car which the husband uses to go to work, leaving the wife with no transportation.

Mental Health

Mental health problems have reached sizable proportions, according to the survey. Symptoms of mental distress were mentioned frequently in the interview, along with very moderate interest in seeking professional help.

Community education is needed to acquaint the Hispanos with

counseling services that are available for marital and personal problems. It was felt that programs to aid the alcoholic and his family are advertised in the community, but other mental health programs are not. Of course, it should not be necessary to state that mental health workers must be bilingual if effective counseling is going to take place.

Bilingual Health Professionals

Health and mental health providers must make some arrangment for bilingual skills among their personnel.

About 50 percent of the adult Hispano residents had not completed high school. In addition, many of these residents were not fluent in English. As a result, many residents rely on family members to interpret; others call upon the few bilingual health professionals they know. It should be part of every facility's outreach program to provide bilingual services to their clients. This includes communication between patient and doctor, patient and nurse, and patient and pharmacist. Written medical instructions given to a patient who does not read English also should be written in Spanish.

The Division of Family Services of the Department of Health and Social Services determines guidelines for administration of county agencies. The County Administration Manual, Chapter 2-A-6 #14, mandates that:

> "Any county in which there are forty or more households having the same primary language which is other than English (and) who are anticipated to be eligible for services, shall provide bilingual interpreter time on at least a twenty hour per week basis.... For each additional 100 such families the agency shall add 40 additional hours per week interpreter time..."

Health Education Programs

A concerted effort should be made to improve health education programs. It is likely that the mass media, television, radio, newspapers and newsletters, would effectively reach the intended audience. However, to give information is not sufficient. This should be coupled with a positive outreach program and personal

contacts. Bilingual programming should be expanded to cover health care.

Health Outreach Workers

The major health facilities in these areas should employ an outreach worker. This worker would not only help Spanish-speaking patients who come to the facility, but would also go into the community and assist potential clients in obtaining the health services they need.

Hispanic Information Center

There should be a central location identified in each county which would provide information and referral services to the Hispanic community as well as to agencies who deal with Hispano residents.

This center should have a list of qualified and available interpreters who would be called to assist both patients and providers. These interpreters should be paid by the facility using their services.

The center should also have a list of the Spanish-speaking health professionals in the area, including doctors, dentists, nurses, social workers, psychologists and others.

The telephone number of this center should be well publicized for both client and agency use.

The center should maintain a file of reliable and competent babysitting or daycare services for use when families need care for short periods of time.

Continued Monitoring of Needs

"El Comite" should continue to monitor the health needs of the Hispano population. Funds should be obtained to employ at least a part-time person who would serve under the direction of "El Comite" collecting and disseminating current information on health services and needs. "El Comite" should continue to work closely with, and

to use resources of, the Health Planning Council, Inc., the State Division of Health and the University of Wisconsin.

Study of Migrant Health Needs

Migrant health needs were purposely excluded from this study. However, a similar study should be planned and funded which would be directed specifically toward the health needs of the migrant population.

CHAPTER 1
history and purpose of study

It was clear, however, that little was known concerning the specific needs and concerns of the local Hispano population.

History

This study was first conceived in March, 1975 when Pancho Oyarbide, then Director of the Alcoholism Outreach Program of the Community Action Commission, met with Joseph Des Barres of the Health Planning Council, Inc., Madison. At that meeting the health needs and problems of the Spanish speaking community were discussed. Des Barres noted that his agency is often unaware of community problems until the people in need, or others concerned, call attention to the problems.

As a follow-up to the March meeting, a citizen's committee on the health and well-being of the Hispanic population, "El Comite Ciudadano por la Salud y el Bienestar", was formed in the spring of 1975 to study the health care available to Hispanos and the use of health services by the Hispano population in Dane, Dodge and Jefferson counties. The composition of "El Comite" included representatives from state and local agencies as well as concerned individuals: Carmen Guajardo and Joyce Feustel from the Madison City Health Department; Pancho Oyarbide and Felipe Banuelos, Community Action Commission; Rebecca Greenlee and Kathy Cantu, University of Wisconsin students; Don Johnson, from the Association on Alcohol and Drug Abuse; and Alicia Castillo, Rafael Fernandez, Elma Martinez, Ray Maldonado, Ismael and Eugenia Sanchez representing the Hispano residents in the tri-county area. Paul Claflin, from the Health Planning Council, Inc., provided technical assistance.

The first meeting of "El Comite" was held on July 30, 1975. Four main goals were defined:

* to assume the health advocate role for individuals in the Hispano community;
* to encourage and/or persuade health institutions to hire bilingual personnel;
* to gather a list of health professionals who are bilingual in Spanish and English; and,
* to educate committee members and others in regard to the area's health resources.

In 1975 Rebecca Greenlee and Pancho Oyarbide conducted a preliminary survey of 40 Hispano households which documented health

needs in the Madison area. This survey indicated that respondents neither knew much about nor used existing health services. The language barrier appeared to be a major obstacle for many respondents. It was clear, however, that little was known concerning the specific needs and concerns of the local Hispano population. This lack of documentation of needs has hindered adequate program planning by the health delivery system.

As "El Comite" became more active in the health scene, it kept encountering a major obstacle: lack of data. With this in mind, it decided to formulate a proposal for funds to collect information on Hispanos' health needs. The group's objectives were broadened to include the following:

* to survey providers of health services and directors of health programs as to what kinds of outreach, publicity, and special programs are available that might be directed toward the Spanish-speaking population;
* to survey the Hispano population of Dane, Dodge and Jefferson counties about health needs, health resources known and used, perceptions of existing services, language problems, special health and mental health problems affecting the population.

Mr. Oyarbide accepted the responsibility of explaining and obtaining support for the proposal from the health departments and mental health centers in Dane, Dodge and Jefferson counties. "El Comite" requested the endorsement of and technical assistance for the project from the Health Planning Council (HPC) Board. The HPC Board Chairman, Dean Jordan, and Executive Director, Paul Fleer, heard the group's proposal and endorsed it, September 29, 1975.

At the same time that community input and support was being generated for the project and financial assistance was being sought, "El Comite" approached the Department of Rural Sociology, University of Wisconsin-Extension, for its assistance. Professor Donald Johnson became interested and gave full support and assistance to the project. In early 1976, Professor Johnson obtained funding from University of Wisconsin-Extension for a survey* of area health providers--more than 50 doctors, nurses and directors of hospitals and health programs were

*Results of that survey will be forthcoming in a separate report.

interviewed.

Financial assistance from the State Division of Health was sought and obtained in September, 1976. The Division awarded the Department of Rural Sociology a grant of $12,412 to prepare and conduct the second part of the survey--interviewing approximately 150 Hispano families in the three-county area to determine their health needs.

When Professor Johnson went on leave to Brazil, Professor Doris Slesinger took charge of preparing the interview schedule in both English and Spanish, and the hiring and training of bilingual interviewers. She also supervised and coordinated selecting the sample; collecting, coding, and processing the data; and preparing the final report.

Purpose of This Report

"El Comite," together with Professors Johnson and Slesinger, decided that this survey would focus on the health needs of permanent, year-round residents of the Hispanic community in South Central Wisconsin. The migrant population's problems and needs were viewed as no less important or pressing. However, because of the many special problems connected with migrant status, it was decided to direct this survey to the permanently settled Hispanic residents. It was for this reason that interviewing was done in the late fall and winter of 1976, when few migrants would be in the area. Hopefully, another survey, directed specifically to the migrant population can be planned as another phase of this project.

In summary, the purpose of the present survey is to gain knowledge of: the basic demographic characteristics of the year-round Hispanic population in the three-county area, how members of this population perceive their own and their families' health needs, and what they regard as their unmet health needs.

CHAPTER 2
methodology: implementation of survey

Interviewers were instructed to find out in which language the respondent was most comfortable and best able to express herself or himself. Of the 133 interviews conducted, 57 were primarily in Spanish, 43 primarily in English, 32 in both languages; for one case, no information was recorded on which language was used.

The Interview Schedule

Interested parties in the Division of Health, "El Comite Ciudadano por la Salud y el Bienestar," and the Department of Rural Sociology jointly conceived and produced the interview schedule. Some questions for it were also taken from other health status questionnaires, especially from the Dane County Health Survey,* conducted in 1973. In the trial interviews the questions were printed in English, and interviewers rephrased them in Spanish when necessary. After reviewing the pre-test experiences of interviewers, however, it became apparent that "on-the-spot" translation was insufficient and that the printed schedule had to be translated into Spanish.

Jorge Saravia, a graduate student from Colombia in the University of Wisconsin Land Tenure Center, who has a Master's Degree in Public Health from John Hopkins University, translated the instrument. The interviewers then pre-tested the Spanish-English version. Following final corrections clarifying meaning and expressions, the interview schedule was typed and reproduced. Professor Slesinger and Mr. Oyarbide oversaw this entire process and approved the final schedule. (See Appendix A for a copy.)

Interviewers

The interviewers came from varied backgrounds; one was an American of Mexican descent, another was originally from Cuba, and two were Anglo-Americans with substantial Latin American experience and fluency in Spanish. And, since the majority of the respondents would be women, the interviewers were also female.

Before production interviewing began, the interviewers' work was reviewed and discussed carefully.

Sample

Who Was Included

In the summer of 1976, Mr. Oyarbide compiled a list of all known,

*Judith L. Ladinsky and H. William Gruchow, Dane County Health Survey, Dept. of Preventive Medicine, University of Wisconsin, August, 1973.

year-round Spanish-speaking households in Dane County. Numerous contacts were also made in Jefferson and Dodge counties. This included checking with local social agencies, calling on members of local clubs such as bowling and soccer teams, visiting the local tavern frequented by Spanish-speaking people, checking local telephone directories, talking with the local priest, and contacting the United Migrant Opportunity Services in the cities of Jefferson and Beaver Dam. One name, usually the head of household, was recorded.

In addition, it should be noted that the sample list was drawn up in the summer, but interviewing was conducted in October through January. No attempt was made to update this list. Therefore, those moving into the area since August are not included. This is reflected in the very small proportion living in the area less than one year when residents are classified as to length of time they lived in the area.

In total, 623 households were identified. Using a table of random numbers, a sample of 327 names was selected to be interviewed--190 from Dane, 85 from Jefferson and 52 from Dodge.

Who Was Missed

In spite of these varied approaches to getting a complete list of Hispanic residents some families were missed. These were likely to be new residents in the community, those without telephone numbers, and those with no social or community contacts. This group is more likely to include those with less income and less skilled jobs.

Our estimate is that approximately 375 families were left out of the total Hispano group. This is based on the latest estimate of 3,938 persons in the Hispanic population in Dane, Dodge and Jefferson counties.* Assuming a mean household size of 3.9 persons, we should have expected about 1,000 households compared to the 623 we located.

Finding the Households

Each of the 327 persons chosen in the random selection was sent a letter of introduction explaining, both in English and Spanish, the

*These are 1975 statistics published October, 1976, by the Bureau of Research and Statistics, of the Wisconsin Department of Industry, Labor and Human Relations.

survey's purpose. (See Appendix A for a copy of the letter.)

Some letters were returned because the person was not at the address. In Madison, these were checked against the telephone directory, student directory, and, when necessary, by visiting the address to ask the current resident or a neighbor if they knew of the person's whereabouts. Latino community sources were also checked.

For residents living outside Madison, different searching techniques were used. The interviewer first checked the post office for an address change. Next, the interviewer went to the respondent's address and if she did not find anyone at home, asked neighbors or the apartment manager. In Beaver Dam and Jefferson, interviewers checked with United Migrant Opportunity Services (UMOS) personnel who were sometimes able to provide current information about the family. At Whitewater, interviewers went to the registrar of the University of Wisconsin-Whitewater, who informed them that some respondents had graduated, or dropped out of school and left the sample area. In other areas the interviewers visited employers of some of the respondents. The foreman, farmer, or owners of businesses often said that the respondents were migrants who worked only during the summer and did not leave a forwarding address.

Although the initial sample consisted of 327 names, the sample finally was reduced to 199 persons, of whom 133 were interviewed. Specifically,

* 73 names were identified as persons who had moved out of the three county area;

* 55 were contacted, but they did not consider themselves a part of the Spanish-speaking population. Some of these respondents were Brazilian and spoke only Portuguese; others worked with Latino organizations but were not Spanish-speaking themselves. A few Spanish heritage respondents did not wish to be classified as part of the Spanish-speaking community.

This reduced the original sample from 327 names to a possible 199 respondents: 118 in Dane, 43 in Jefferson and 38 in Dodge. Of the 199, only 17 persons refused to be interviewed, resulting in s refusal rate of 8.5 percent. An additional 49 persons (25 percent) could not be traced; they were not living at the address specified, and interviewers

were unable to learn of their whereabouts.

The number of completed interviews was 133 or 66.9 percent. This figure is somewhat low. However, it is likely that some proportion of the 49 untraceable persons had left the area. If that proportion were known, it would mean the completed interview rate would be somewhat higher than the figure of 67 percent. The actual number interviewed by county then is: 78 in Dane, 30 in Jefferson, and 25 in Dodge.

Choosing the Respondent

The interviewers were instructed to interview the woman of the house, that is, the wife of the household head, or the household head if the latter were a woman. If such a person was not in the household, the interviewer was instructed to interview another female over 18, starting with the oldest. If there was no such individual, the male head of the household was interviewed. In a few instances, the husband would not permit his wife to be interviewed alone. In these cases, the interviewer held the interview with both husband and wife as respondents. Of course there were some households where no woman was present. In such cases, the male head was interviewed.

The rationale behind interviewing the woman is that it has generally been shown that the wife and/or mother of the household is the person who is best informed about the family's health conditions and medical utilization. In addition, there was a section on family planning and contraceptive use specifically designed for women in the childbearing years. Table 1 shows the distribution of respondents. Three fifths of the respondents were wives of the head of the household, sixteen percent were women who headed their own household, and nineteen percent were male heads of households.

Interviewers were instructed to find out in which language the respondent was most comfortable and best able to express herself or himself. This meant that interviews were conducted in either English, Spanish, or a combination of both. Occasionally a respondent started in one language and then switched to the other. Of the 133 interviews conducted, 57 were primarily in Spanish, 43 primarily in English, 32 in

both languages; for one case, no information was recorded on which language was used.

Table 1

Respondents in Hispano Survey

	Number	Percent
Wife of head	81	60.8
Female head	21	15.8
Male head	25	18.8
Both husband and wife	15	3.8
Other female over 18	1	.8
	133	100.0

Time Schedule

Figure 1 illustrates the time schedule of this project. Starting with sample names being collected in June, 1976, the process continued until final interviewing was completed in early February, 1977. Data processing was started in February and continued through March. Data analysis commenced in April and was completed in June, 1977.

Comparison With Dane County Health Survey

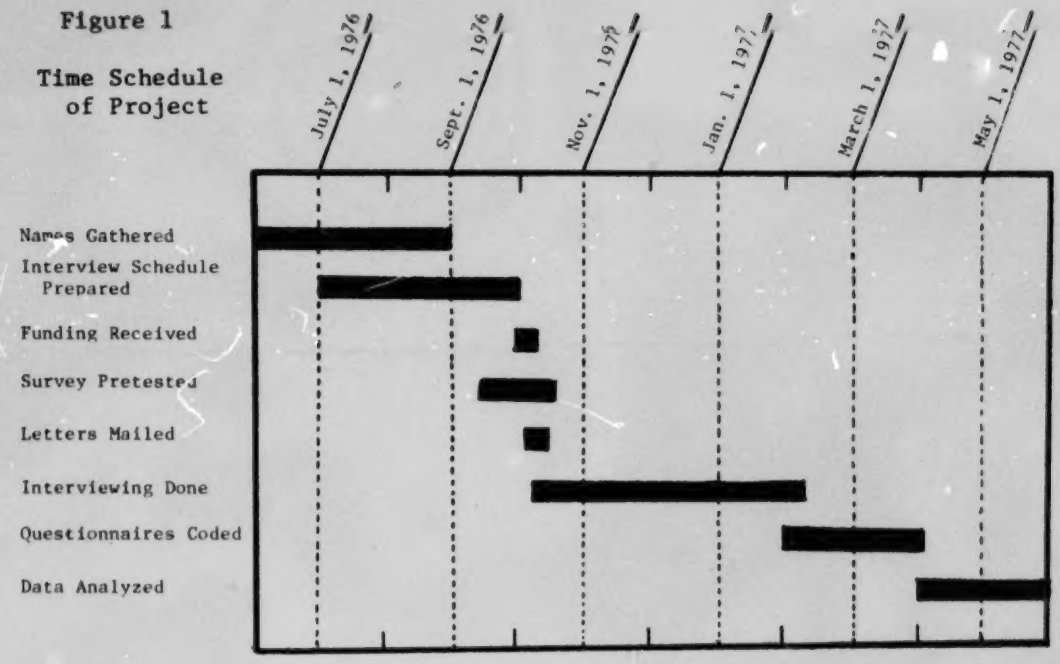
In this report, data for Hispanos are compared, when relevant, with similar data for Anglos, obtained from a study of Dane County households in 1973. A study of the health status and health service needs of the Dane County population, excluding the city of Madison, was conducted by Judith Ladinsky and H. William Gruchow, Department of Preventive Medicine, University of Wisconsin-Madison.

The Dane County sampling frame contained 640 eligible housing units, resulting in 554 completed interviews, an 87 percent response rate. As in the Hispanic survey, interviewers were instructed to choose as respondents the "female head-of-household."

Ninety-three percent of the respondents were female and seven percent male, compared with 77 percent and 19 percent respectively in the present study. (The remaining four percent in the Hispano study

Figure 1

Time Schedule of Project



were conducted with both husbands and wives.) The Dane County households had an average of 3.4 persons per household compared with the Hispano's larger average size of 3.9. Forty-four percent of the Dane County households contained no children under eighteen; 38 percent of the Hispano households were without children.

Additional comparisons are presented in Appendix Table B-1, along with some state and national comparisons, where available.

In summary, the Hispano sample households tended to be a little larger, with more children. The population also appears to be considerably younger; 50 percent were under 20 compared with 44 percent in the Dane County sample, and only one percent were 65 or over in the Hispano group compared with six percent in the other group. In addition, family income appears to be considerably lower in the Hispano sample. Twenty-two percent have incomes less than $5,000 compared with 15 percent of the Dane County sample and 34 percent have incomes of $10,000 or more compared with 62 percent of the Dane County group.

CHAPTER 3
background characteristics of sample

The birthplace of both the respondent and spouse showed a predominance of Texan, Mexican, and Central and South American born people. Together, these three areas accounted for 76 percent of the respondents and 77 percent of their spouses. American-born, including Texas and Puerto Rico, were 55 percent and 53 percent, respectively.

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Household Composition

A total of 133 households participated in this study. These households contained 518 people of which just over half (272) were adults and the rest (246) were minors, or children under the age of 18. These 133 households ranged in size from one to 13 members, with 75 percent of them having between two and six members. The mean household size was 3.89.

Almost two thirds of the households had two members who were 18 years or older, another 21 percent had one adult member, eight percent had three adult members and the remaining seven percent had four or more adults. It should be noted that, while the great majority of these adults were husband and wife or a single head of household, there were several "children" in these households who were 18 years or older as well as some other relatives such as grandparents and siblings of the household head. Three out of four households (97 out of 133) had one or more children under 18 in the home. These 97 families had a total of 249 minor children, or an average of 2.57 children per household. Table 2 presents the distribution of these households.

Table 2

Distribution of Families With Children
Under 18 Years by Number of Children

Number of Children	Number of Families
1	25
2	36
3	21
4	3
5	3
6	6
7	2
9	1

The composition of all 133 households can be described by looking at who is at the head of the household and how the rest of the people are related to the head. Figure 2 shows that 60 percent of the

households consisted of husband, wife, and one or more children (not necessarily minors), and the remainder consisted of a variety of other compositions.

In other words, there were 100 (75 percent) households that contained a married couple; 97 households had minor children; two had a foster child; and 12 were headed by a female.

Age

The 518 household members were evenly divided by sex with approximately one-half males and one-half females. The age distribution among the 518 people shows this to be a young sample: about half of the

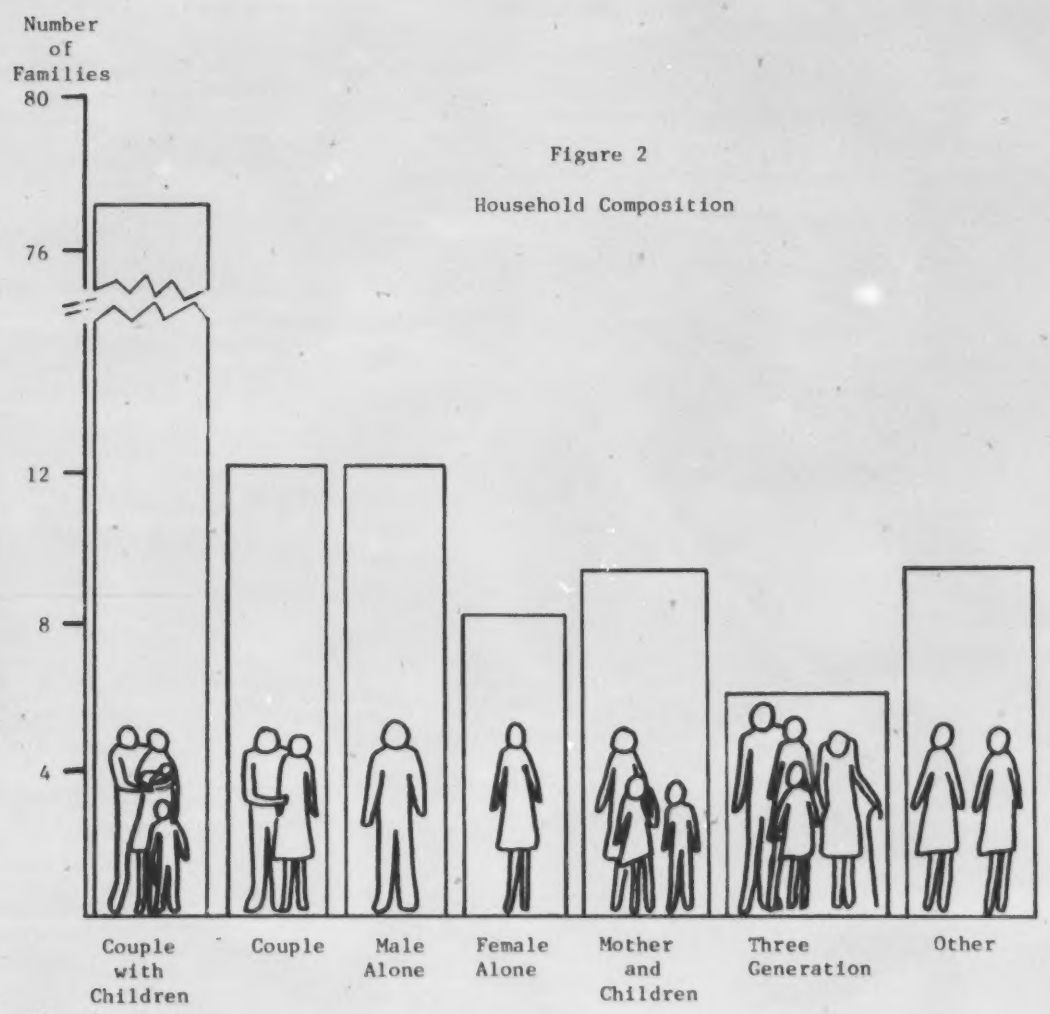


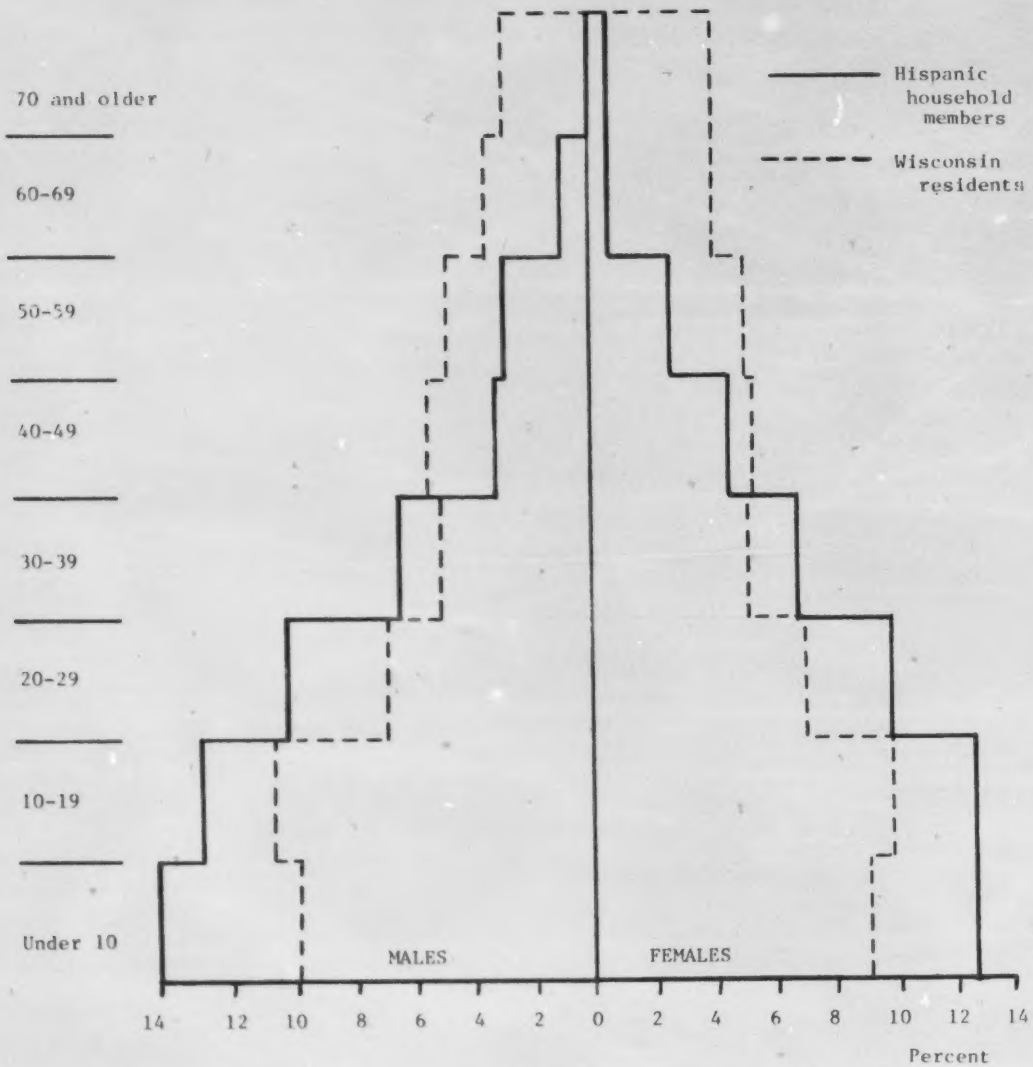
Figure 2

Household Composition

people were under 20 years of age, and only two percent were 60 years or older. This suggests that many young families participated in the study. Figure 3 shows the age and sex distribution of the survey members compared with the total population of Wisconsin in 1970. Clearly there are more younger people and fewer older ones in the Hispano study sample than in the state as a whole.

Figure 3

Age and Sex Distribution of All Household Members in Hispanic Survey, 1976-1977 and Wisconsin, 1970



Relationship to Head of Household

The relationship of each household member to the head again shows the predominance of families in this study, although not all families had both husband and wife present in the household. Out of all the household members there were virtually none who were not related to the head. (See Table 3.)

Table 3

Relationship to Head of Household

Relationship to Head	Number	Percent
Head	133	25.7
Spouse	100	19.3
Child (any age)	267	51.5
Parent or parent-in-law	4	.8
Sibling	4	.8
Other relative (niece, grandchild, etc.)	8	1.5
Foster child (unrelated)	2	.4
	518	100.0

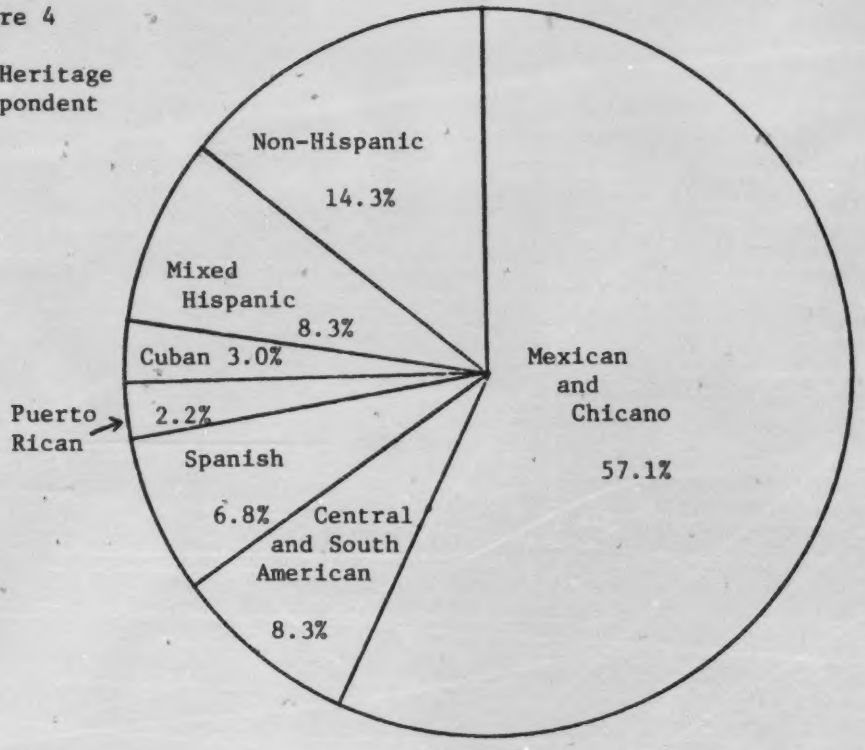
Heritage and Birthplace

The respondent was asked "What is your ethnic heritage?" and also, "What is your spouse's ethnic heritage?" The majority answered Mexican for themselves and their spouse. Including persons with Central and South American heritage, Spanish, Puerto Rican, Cuban and mixtures of these, a total of 85 percent of the respondents and 84 percent of their spouses had Hispanic heritage. (See Figure 4.) There was only one household in which neither the respondent nor spouse had any Spanish-speaking heritage; this couple was German-born, had lived in Texas, was fluent in Spanish, and considered themselves part of the Hispanic community.

The birthplace of both the respondent and spouse showed a predominance of Texan, Mexican, and Central and South American born people. (See Table 4.) Together, these three areas accounted for 76 percent of

Figure 4

Ethnic Heritage of Respondent



the respondents and 77 percent of their spouses. American-born, including Texas and Puerto Rico, were 55 percent and 53 percent, respectively.

Table 4

Birthplace of Respondent and Spouse

Birthplace	Respondent		Spouse	
	Number	Percent	Number	Percent
Texas	48	36.0	36	36.0
Wisconsin	14	10.5	5	5.0
Puerto Rico	3	2.3	1	1.0
Other United States	8	6.0	11	11.0
Mexico	33	24.8	26	26.0
Central and South America	21	15.8	15	15.0
Cuba	4	3.0	2	2.0
Spain	1	.8	0	-
Germany	1	.8	1	1.0
No information	0	-	3	3.0
	133	100.0	100	100.0

Previous Residence

The interviewer asked where the respondent had lived before coming to Dane, Dodge, or Jefferson county. Over 75 percent had lived somewhere in the United States, including almost 28 percent who had lived elsewhere in Wisconsin and 26 percent who had come from Texas. Almost two percent came from Puerto Rico and another two percent gave no specific location because they had been moving and travelling a lot. Sixteen percent came from other states including Illinois, Florida, California and Ohio. And four percent had always lived in the county where they were interviewed. Of the 23 percent who had lived outside the United States, eight percent had previously lived in Mexico, about 13 percent came from the rest of Central and South America, one percent were from Canada and one percent came from Spain.

The length of time that the respondent had lived in the county where interviewed varied widely from less than one year to his or her lifetime. Table 5 indicates that slightly over 20 percent had lived in the same county for less than two years, 42 percent from two to nine years, and 35 percent for 10 or more years. This reveals a fairly well-settled population and success in finding Hispanics who were permanent Wisconsin residents. As was noted in Chapter 2, no attempt was made to sample families who had arrived in the study area between August, 1976, and February 1977, therefore, it is likely that the less

Table 5

Length of Time Respondent Has Lived in County

	Number	Percent
Less than one year	7	5.3
One to two years	22	16.5
Two to three years	22	16.5
Four to six years	18	13.5
Seven to nine years	16	12.0
Ten to fourteen years	27	20.4
Fifteen or more years	16	12.0
All my life	5	3.8
	133	100.0

than one year category is underrespresented.

When asked why they chose to settle in this area, almost one third of the respondents said that job opportunities or a job transfer brought them here. Approximately one fifth said that they had some family here, and a small group came specifically to study at the University of Wisconsin. Almost one fifth gave other reasons, sometimes more than one, including the good school system, the fact that they had been migrant workers here, and others. Finally, about one eighth settled in this area simply because they liked it here.

Foreign Students

Twenty-two families (16.5 percent) in this study were foreign student families, that is, people who were foreign born and living in this area only because the husband, the wife, or both were studying at the University of Wisconsin-Madison. Foreign students are a significant part of Madison's Hispanic community and they differ from the more permanent community in some important respects such as age, education and income. A description of the important characteristics of the foreign student families is located in Appendix C.

Briefly, the majority of the foreign students were in their twenties and thirties. About two out of three families had young children and the mean household size was 3.27. By definition they were born in foreign countries, mostly in Central and South America, and most of them had been residing in Madison for less than four years.

It is important to look at the foreign students separately from the rest of the Hispanic community, especially when discussing educational attainment.

Education

Each respondent was asked how many years of schooling he or she had completed, and, if married, also for the spouse. Table 6 shows that most of the foreign students had post-high school education while the majority (60 percent) of the other respondents and spouses had less than a high school diploma. While over 66 percent of the foreign students

had education beyond a bachelor's degree, only 10 percent of other respondents had attained this level.

Table 6

Educational Attainment of Respondents and Spouses

Last Year of School Completed	Foreign Students		All Others	
	Number	Percent	Number	Percent
None	0	-	14	7.1
1-6 years	0	-	56	28.6
7-8 years	0	-	23	11.7
9-11 years	1	2.4	25	12.8
High school graduate	4	9.5	24	12.2
Some college	7	16.7	23	11.7
College graduate	2	4.8	6	3.1
Some graduate school	27	64.2	13	6.6
Graduate degree	1	2.4	6	3.1
No information	0	-	6	3.1
	42	100.0	196	100.0

When the foreign students are omitted and the remaining 111 respondents are divided by county of residence, there is a distinct difference between those living in Dane County (mostly in the city of Madison) and those in Dodge and Jefferson counties. Only about half the Dane County residents had less than a high school diploma, while in Dodge and Jefferson counties almost three fourths of the respondents had less than a high school diploma.

Employment

About 22 percent of all the heads of households and 60 percent of their spouses were not working at the time of the study. Twelve of the 29 non-working household heads were college students, six were women with young children, and five were older people who had retired. One man was totally disabled and receiving disability income, leaving only five heads of households who were actually available for work. One of

these people was temporarily not working due to an injury, one had been laid off, and three were unemployed. In eight of the households where the head was not working, another member of the household held a job; one wife, several teenage children, and a few siblings of the respondent were working at the time of the survey.

The employment levels of the employed heads and spouses were quite varied, with a large group of professionals including doctors, engineers, and technicians, and a large group of operatives including factory workers, welders and machine operators. Table 7 shows the employment levels of the heads and their spouses. The foreign students and their spouses are not represented in this table if their only occupation was being a student. Those students who held a job were primarily professionals.

Table 7

Occupational Levels of Employed Household Heads and Spouses

	Head		Spouse	
Occupational Level	Number	Percent	Number	Percent
Professional	32	31.1	8	19.5
Managers, officials, proprietors	9	8.7	2	4.9
Clerical	6	5.8	4	9.8
Sales	0	-	3	7.3
Craftsmen	9	8.7	1	2.4
Operatives	25	24.3	10	24.4
Laborers	10	9.7	4	9.8
Service workers	12	11.7	9	21.9
	103	100.0	41	100.0

About seven percent of the heads and 22 percent of their spouses worked part time. Less than seven percent of all working heads and spouses were seasonal or temporary employees.

At the time of the interview, about six percent of the working heads and 10 percent of the working spouses were employed as farm laborers, a total of 10 people. In the past three years, almost three

times as many had been migrant laborers; 12 percent of all the respondents and eight percent of their spouses, or 27 people in all, had been migrant laborers.

Income

Household income is one of the most difficult pieces of information to obtain because of reluctance to reveal it and also because some women do not know their husband's earnings. For 20 of the 133 households (15 percent), the interviewer estimated the income* because the question was not answered. The estimates and answers for the income question are combined in this report and shown in Table 8. Almost seven percent of the households had less than $3,000 income in 1975. About 24 percent had between $3,000 and $6,000 income, and another 25 percent were

Table 8

Household Income in Hispanic and Dane County Health Surveys

Income	Hispanic Survey[a] (1975)		Dane County Survey (1972)	
	Number	Percent	Number	Percent
Under $3,000	9	6.8	37	7.0
$3,000-3,999	9	6.8	18	3.4
$4,000-4,999	11	8.3	22	4.2
$5,000-5,999	12	9.0	20	3.8
$6,000-6,999	12	9.0	21	4.0
$7,000-7,999	16	12.0	29	5.5
$8,000-8,999	5	3.8	31	5.9
$9,000-9,999	14	10.5	23	4.4
$10,000-14,999	26	19.5	176	33.5
$15,000 or more	19	14.3	148	28.3
	133	100.0	525	100.0
Per capita income	$3,127[b]		$3,604	

a Combination of reported & estimated incomes
b Figured from per capita income for all families

*Incomes were estimated by the interviewers based on their evaluation of the respondent and spouse's employment and housing, and adjusted to conform to what the interviewers knew about similar homes and respondents in the area.

between $6,000 and $9,000 in 1975. A full 30 percent of the households earned from $9,000 to $15,000 and the remaining 14 percent had incomes over $15,000 for that year.

Table 8 compares these income levels with those of the Dane County Health Survey population. In spite of the fact that the Hispanic study took place three years after the Dane County Survey, the household income levels for the Hispanics were distinctly lower. Almost twice as many households in the Dane County Survey had incomes over $10,000; 62 percent as compared to only 34 percent of the Hispanics. And there were many more Hispanic households with incomes below $6,000; 31 percent and only 18 percent of the Dane County Survey.

Per capita income, which takes into account the number of people supported by one household income, also shows this lower income level for the Hispanics. When income and household size were examined together, approximately 16 percent of the households fell below the 1975 poverty level guidelines established by the Community Services Administration (CSA).*

About one half of the foreign students' household income was in the $3,000-6,000 range, and except for one in the $10,000-14,999 range, the remaining families had incomes between $6,000-10,000.

*CSA is a federal agency formerly known as the Office of Economic Opportunity.

CHAPTER 4
health status and medical utilization

Three out of 10 Hispanos felt their health was "fair" or "poor", compared with one out of 10 Anglos. Hispanos listed the following conditions as their 10 most common health complaints: headaches, nervousness, backaches, irritability, low spirits, trouble sleeping, eye trouble, coughing, sinus trouble, and menstrual trouble.

Perceived Health of Respondent

The respondent was asked to judge his/her health by answering the question, "In general, would you say your health is excellent, good, fair or poor?" Table 9 shows the answers compared with the responses of the general Dane County population.

When an index score is created giving an Excellent a value of 4, Good = 3, Fair = 2, and Poor = 1, the group average for respondents is 1.9, or just below "Fair."

Almost 50 percent of Anglos, on the other hand, felt their health was "excellent," with the computed mean at 3.4. This is considerably more positive. Three out of ten Hispanos felt their health was "fair" or "poor," compared with one out of ten Anglos.

Table 9

Perceived Health of Respondent
Compared With Dane County Population

	INDEX SCORE	Hispano Survey		Dane County Survey	
		Number	Percent	Number	Percent
Excellent	4	29	21.8	272	49.3
Good	3	63	47.3	218	39.5
Fair	2	34	25.6	52	9.4
Poor	1	7	5.3	10	1.8
		133	100.0	552	100.0
	Mean	(1.86)		(3.36)	

Self-Evaluation of Health Problems

Respondents were read a list of 23 common health problems or conditions used in a survey of Dane County's general population in 1973. They were asked whether the conditions "bother you very much, some, or not at all."

The 10 most common complaints (those bothering the Hispano respondent "some" or "very much") are listed in Table 10, and are compared with the 10 most common problems in the Dane County sample.

Table 10

Ten Most Common Health Problems Hispanos Reported

	Hispano Survey		Dane County Survey	
Condition	Percent	Rank	Percent	Rank
Headaches	46.6	1	35.2	2
Nervousness	42.1	2	30.8	5
Backache	33.1	3	30.5	6
Irritability	32.4	4	31.2	4
Low spirits	28.6	5	24.6	7
Trouble sleeping	26.3	6	22.1	8
Eye trouble	25.5	7	32.0	3
Coughing	23.3	8.5	14.8	12
Sinus trouble	23.3	8.5	39.9	1
Menstrual problems	22.0	10	18.1	10
Arthritis	15.0	16	19.8	9

In general, the problems and afflictions the Hispano sample reported were the same as those most commonly recorded in the Dane County survey. Higher percentages of the Hispano sample reported having problems with most of the conditions listed, with some exceptions. For example, arthritis seemed to be a lesser problem in the Hispano sample, ranking only 16th. A higher percentage of Dane County residents reported this problem (20 percent vs. 15 percent for Hispanos), and it ranked ninth in the county. The only problem ranking in the top 10 in the Hispano sample but not in the Dane County sample was coughing (23 percent, rank of 8.5 for Hispanos, vs. 15 percent, rank of 12 for the county sample).

Significantly more Dane County residents reported sinus trouble (40 percent, first rank). In contrast, only 23 percent of the Hispano sample reported this problem, with a rank of 8.5. The Dane County sample also more often reported eye trouble more often than did Hispanos (32 percent compared to 26 percent for Hispanos). Age may be a factor in the higher percentage of Dane County residents reporting arthritis and eye trouble. On the average, the Dane County sample was older than

the Hispano sample, and the two conditions are related to advancing age. On the other hand, sinus problems seem to afflict all ages, thus age does not easily explain the difference between the two samples in this case.

Of the top five problems mentioned by the Hispano sample, four are related to the general area of mental health (headaches, nervousness, irritability and low spirits). Possible reasons for this are noted in Chapter 6. The entire list of 23 common health problems are reported in Appendix Table B-2.

Type of Medical Provider

When the respondent gets sick, what type of medical care does he/she get? A little over 50 percent see a private doctor, 36 percent go to a clinic, with no special doctor mentioned, seven percent visit a hospital outpatient clinic and the remainder go to other sources. Four of the 133 respondents said they never go to a doctor.

The respondents were asked the reason they saw a doctor the last time. Their responses varied:

	Number	Percent
A checkup	69	51.8
Illness	50	37.6
Injury	7	5.3
Other (pregnancy and related care)	7	5.3
	133	100.0

Type of Illness or Injury When Last Saw the Doctor

For those who saw the doctor for illness or injury, the following list summarizes their conditions:

9	Accidents or Injuries:	burned leg, cuts, hurt back, arm, hand, waist, sprained ankle.
46	Illnesses:	11 colds, flu, sore throat 7 stomach pains, intestinal problem 5 surgery: hernia, D & C, hysterectomy, 2 not specified 3 bronchitis, tonsilitis, swollen glands 3 kidney or bladder infections 2 heart problems 2 infections 2 allergies 2 exhaustion; didn't feel well

The following were mentioned by one respondent each: diagnostic

x-ray, venereal disease, epilepsy, diptheria, eye problem, backache, rheumatism, asthma and mental illness. Five respondents did not specify their illness.

Last General Checkup

Three quarters of the respondents saw the medical provider within the past year for a general checkup. Eighteen percent had their last well checkup two to six years prior to the interview, and seven respondents said they never had one.

Chronic Illness

Twenty-seven respondents (20 percent) reported having a chronic illness. They were:

3 heart problems
2 thyroid
2 mental or nerves problem
2 diabetes
2 curvature of the spine
3 headaches, migraine

Each of the following chronic illness problems were mentioned once: poor eyesight, obesity, kidney, allergy to sun, leg and back problems, varicose veins in leg, high blood pressure, epilepsy, cystitis (urinary problem), asthma, allergy, arthritis, and Lupus Erythematosus.

About 60 percent of these 27 respondents have had their chronic conditions five or more years. The length of time is as follows:

	Number	Percent
Less than 1 year	5	18.5
1-4 years	5	14.8
5 or more years	15	59.3
Don't know	2	7.4
	27	100.0

At the time of the interview, eighteen respondents were seeing a doctor about their condition; nine were not.

Spouse

As mentioned earlier in Chapter 3, 100 respondents had spouses. (87 were husbands, and 13 were wives.) This section therefore describes medical utilization and health conditions of these spouses as the

respondents reported them.

Perceived Health

The respondent was asked, "In general, would you say your spouse's health is excellent, good, fair, or poor?" Table 11 gives the response.

Using the same index given earlier, the mean value for the health status of Hispano spouses scored at 2.97, or somewhat higher than the respondent reported for his/her self. About 20 percent of the spouses are perceived as in "fair" or "poor" health compared with 30 percent of the respondents.

Table 11

Spouse's Health Status as Reported by Respondent

	INDEX SCORE	Hispano Survey		Dane County Survey	
		Number	Percent	Number	Percent
Excellent	4	28	27.7	211	47.2
Good	3	50	49.5	176	39.4
Fair	2	13	12.9	45	10.1
Poor	1	8	7.9	14	3.1
Don't know		2	2.0	1	0.2
		101[a]	100.0	447	100.0
	Mean	(2.97)		(3.31)	

a One respondent gave information about his wife who was out-of-town for two months. She is included in the health data, but not included in the household count.

Once again, the Anglo respondents reported their spouses in better health than the Hispanos reported for their spouses. It is interesting in comparing these figures that Hispano respondents reported their health slightly worse than their spouses; the Anglos reported about the same general level of health for their spouses as for themselves.

It must be kept in mind, however, that in both the Hispano and Dane County surveys the respondent is reporting about both self and the

spouse. Therefore the two groupings are not exactly comparable. When we look further, however, we will see that a greater proportion of illnesses and injuries are reported for the respondent as well as a slightly higher proportion of chronic illness. But again, it is likely the respondent is better able to report conditions about self compared with spouse.

Type of Medical Provider

The distribution of type of medical provider the spouse used when sick was almost exactly the same as that of the respondent. That is, about half of the spouses saw a private doctor, one third used a clinic with no special doctor mentioned, and 10 percent visited a hospital outpatient clinic. Three spouses reported never having gone to a doctor.

Type of Illness or Injury When Last Saw the Doctor

The respondents reported that their spouses last saw a doctor for the following reasons:

	Number	Percent
Checkup	46	46.9
Illness	34	34.7
Injury	14	14.3
Other, don't know	4	4.1
	98	100.0

The proportion of spouses' injuries was a little higher (14 percent compared with respondents' five percent) and the proportion of illnesses a little lower (35 percent compared with the respondents' 37 percent).

Below is the list of illnesses or injuries for which the spouse visited the doctor:

14 Injuries: injured leg, shoulder, broken finger, foot, ankle, sprained muscle, neck, back, bruises from fight, work injury, burned arm, weak foot, and car accident injuries.

32 Illnesses:
- 12 colds, flu, sore throat, sinus trouble
- 3 bronchitis, chest pains, tonsilitis
- 3 stomach trouble, ulcer, hernia
- 2 gall bladder, bladder infection
- 2 dizziness, headache
- 2 surgery

Each of the following were mentioned once: diabetes, poor

eyesight, backache, swine flu shot reaction, needed eye glasses, and unknown illness. Two respondents did not specify their spouse's illness.

Last General Checkup

Fifty-seven percent of the spouses had a general checkup within the past year, a considerably lower proportion than the respondents' 75 percent. About 22 percent had the checkup two to five years ago, and three percent had it six or more years prior to the interview. The respondents reported that 13 spouses never had a general checkup.

Chronic Illness

Nineteen of the 100 spouses had chronic illnesses including:

4 diabetes
3 stomach problems, ulcers
2 high blood pressure

The following were each mentioned by one respondent: bronchitis, nervous problems, feet, varicose veins, legs, crippling arthritis, tonsilitis, cancer, and general weakness.

Similar to the respondents, over half of the spouses (10) have had their chronic condition for over one year. The distribution is as follows:

	Number	Percent
Less than 1 year	3	15.8
1-4 years	5	26.3
5 or more years	9	47.3
Lifetime	1	5.3
Information not given	1	5.3
	19	100.0

Fourteen spouses with a chronic condition were seeing a doctor about their problem; three were not. There was no information provided for the remainder.

Children

Three out of four (97) households had children under 18 in the home. These families have a total of 249 children. Mothers were asked a series of questions about their children's health and medical care.

Note in this section that the numbers mentioned refer to number of families with children having certain problems, not numbers of children with these problems.

Type of Medical Provider

Table 12 shows the distribution of medical providers to whom the children in these 97 households were taken. When these figures were compared with those providers that parents went to for their own health care, it was found that one fourth of the children go to a private doctor compared with about one half of the parents, and almost 65 per cent of the children go to clinics compared with 43 percent of the parents.

Table 12

Type of Child's Medical Provider by Household

	Number	Percent
Private doctor	24	24.7
Clinic - no special doctor	37	38.2
Clinic - specifying doctor	21	21.6
Outpatient pediatric clinic	5	5.2
Doesn't go to doctor	1	1.0
Information not provided	9	9.3
	97	100.0

Health Conditions

Ten families out of 97 had children with conditions or illnesses limiting them. "Limit" was defined as "needing help in eating, dressing, or not being able to keep up in sports or play in school with other children." These conditions included spinal problem, mental retardation, speech, hearing and vision problems, extremely poor coordination, headaches, hyperactivity, lung paralysis, and arthritis in feet. Of these 10, three attended special schools. Five additional families had children attending special schools, primarily for slow learners.

In addition, respondents were asked specific questions concerning

whether their children had particular health problems. Table 13 shows that except for "trouble breathing," Hispano children have slightly higher proportions of specific health problems than Anglo children, as their mothers or fathers reported. These conditions, however, are relatively rare events, and because the sample sizes in both studies are quite small, it is not appropriate to generalize in either of the populations.

Table 13

Number of Proportion of Children With Specific Problems

	Hispano Survey		Dane County Survey	
	Number	Percent	Number	Percent
Have any of your children:				
Had trouble with their heart?	2	0.8	12	1.6
Ever had rheumatic fever?	1	0.4	7	0.9
Ever have trouble breathing?	6	2.4	46	6.1
Had trouble seeing (who is not now wearing eye glasses)?	12	4.8	12	1.6
Had trouble hearing?	10	4.0	14	1.8
Total Number of Children	249		757	

Dental Care

Respondents were asked if they were going to a dentist at the time of the interview. Thirty two, or 24 percent said they were, and 98 or 74 percent said they were not. Of those who said they were not, 39 people said that they thought they needed dental care now. When asked why they were not going to the dentist, if they needed care, the following responses were given: 18 said it would be too expensive or they didn't have the money; seven felt that they did not have the time or could not make the time; four expressed a fear of dentists; three had trouble making an appointment; two were waiting for summer or vacation; one had no cavities therefore saw no need to go right away; and three respondents offered no explanation.

The respondent was asked about who in the family had been to the dentist in the past year. The results are shown in Table 14.

Table 14

Household Members Who Saw a Dentist
in Past 12 Months

	Number	Percent
All members	29	21.8
Some members	65	48.9
No members	35	26.3
No information	4	3.0
	133	100.0

In, summary, 26 percent of the families had no member who had been to the dentist in the past year. About 40 percent of the respondents were not going to the dentist now, although they felt they needed dental care. About half of this group were not going because of the expense.

Unmet dental needs were reflected also in the answer to a question on health services that the family needed at the time of the interview. Dental care headed the list with 59 percent of the respondents saying that it was needed "very much" at that time. In addition, when asked what services the family needed in the past and found that they couldn't get, 37 percent of the respondents again mentioned dental care.

CHAPTER 5
fertility and family planning

Whereas over 85 percent of the Anglo sample would *first* seek birth control advice from a doctor, 60 percent of the Hispano women mentioned this source. Almost two thirds of the women said that they never had discussed birth control or family planning with a doctor, nurse, or family planning counselor, yet 60 percent of the women were currently using some form of contraception.

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There were 97 female respondents in the sample who were in the childbearing years, ranging in age from 18 to 50 years. These women were asked questions about their family planning experience and knowledge, as well as the number of children they expected to have by the time they are 50.

Expected Number of Children

The average number of children in these Hispanic households was 2.58. When the women were asked the number of children they expected to have by the time they were 50 years old, they responded in a range from one to 14. The average number of expected children was 3.9. This is considerably higher than the Dane County sample in which the women estimated an average of 2.7 children.

When the Hispano women were grouped into two separate categories--those under and those over 30 years--the mean number of children expected was considerably lower for the younger women. That is, the women under 30 said they expect to have 2.7 children whereas the women 30 and over expect to have an average of 4.4 children by the time they are 50. This probably is due in part to the older women already having given birth to more children and in part to planned smaller families by the younger women.

Family Planning

Questions were also asked about family planning. Fifteen women preferred not to discuss it or felt the questions did not apply to them because they were widowed or single.

For the 83 who responded, the first question they answered was: "If you were interested in getting information on how to keep from getting pregnant, with whom would you first discuss it?"

Table 15 compares the responses of the Hispano women with those of the Anglo women in the Dane County Survey. Whereas over 85 percent of the Anglo sample would first seek from a doctor, 60 percent of the Hispano women mentioned this source. An additional 11 percent of the Hispano group said they would contact a family planning clinic,

whereas a negligible number in the Dane County sample mentioned this source. It is interesting to note that about double the proportion of Hispano women would seek advice from their husbands compared with the Anglo women (13 percent compared with six percent). When the younger Hispano women are compared with the older ones, the only major difference in source used is the greater mention of family planning clinics by women under 30.

Table 15

Persons From Whom Female Respondents Would First Seek Advice on Contraception

	Hispano Survey by Age			Dane County Survey
	18-30	30-50	Total	Total
	(Percent)	(Percent)	(Percent)	(Percent)
Doctor	62.5	55.9	59.1	85.8
Family planning clinic	15.0	7.0	10.8	1.1
Public health nurse	-	2.3	1.2	0.3
Husband	12.5	14.0	13.3	6.4
Friend or neighbor	7.5	9.3	8.4	5.1
Priest or minister	2.5	2.3	2.4	-
Not interested	-	4.6	2.4	-
No information	-	4.6	2.4	1.3
	100.0	100.0	100.0	100.0

The women then were asked if they had heard of specific contraceptive methods. Almost all the women had heard of the pill, and four out of five knew modern methods such as the diaphragm, condom, IUD, etc. Table 16 shows their responses.

At the time that the interview was conducted, approximately six out of 10 women were using some form of contraception to keep from getting pregnant. There was no difference in methods used when age of the woman was examined. Table 17 shows the distribution of the methods they were currently using. When asked if they had ever used any kind of family planning, 25 (30 percent) of the 83 women said they had not. In this case, two out of three of these women were 30 years or older.

Table 16

Women Who Heard of Various Birth Control Methods

Method	Percent (N=83)
Pill	96.4
Diaphragm	83.1
Condom	83.1
Foam	81.9
IUD (intrauterine device)	80.7
Female sterilization (tubes tied, hysterectomy)	79.5
Male sterilization (vasectomy)	75.9
Rhythm	73.5
Withdrawal	66.3
Douche	65.1
Abstinence	61.4
Other	9.6

Table 17

Women Using Various Birth Control Methods

Method	Number	Percent
Pill	16	31.4
IUD	15	29.4
Female sterilization	5	9.8
Diaphragm	5	9.8
Condom	4	7.8
Male sterilization	2	3.9
Foam	2	3.9
Abstinence	1	2.0
Rhythm	1	2.0
	51	100.0

Finally, they were asked: "Have you or your husband ever discussed birth control or family planning with a doctor, nurse, or family planning counselor?"

Almost two thirds of the women responded that they never had discussed birth control or family planning with these resource persons. This group probably includes a large portion of the 40 percent who are not using contraception plus those who are using non-prescription

methods. It may also include women who have had hysterectomies or tubal ligation operations for non-contraceptive reasons.

When they were asked about health services they needed, 14 percent mentioned family planning as needed "very much."

Summary

The Hispano women expect to have 3.86 children on the average by the time they are 50. Almost two thirds of these women said that they never had discussed birth control or family planning with a doctor, nurse, or family planning counselor, yet 60 percent of the women were currently using some form of contraception. Of those using contraception about three out of 10 were using the pill; another three out of 10 had an IUD; in 15 percent of the cases one partner was sterilized; and the remaining 25 percent used other devices. This group of families rarely used rhythm and abstinence.

The Hispano sample appears to have slightly different priorities in seeking family planning information than the Dane County sample. When asked about whom they would first discuss getting birth control information about seven out of 10 Hispano women mentioned medical sources compared with almost nine out of 10 Anglo women. And in contrast, 22 percent of the Hispano women would talk with their husbands or friends first, compared with 11 percent of the Anglo women. Fourteen percent felt they needed family planning services "very much."

CHAPTER 6
mental health

The lack of knowledge about services is dramatically pictured by the fact that almost one half of the respondents wanted more information about outreach programs and as many felt that Hispanos were not using available helping services. Only one fourth at best have ever had any contact with a helping service or outreach agency.

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Chicanos, Latinos, and other individuals of Hispanic origin face a multitude of problems as they settle into the city and countryside of a new region. Most arrive with little money and often are not able to compete for the higher paying jobs in the Anglo communities. As we have seen, many have few years of formal schooling and little or no training for urban or industrial jobs. Some may face prejudice and discrimination in the search for employment.

Many Hispanos may have problems adjusting to the nuclear family structure which is prevalent in Anglo society. As noted previously in this publication, most Hispanos in the three-county area live as a nuclear family. They no longer live as a part of the extended family network on which they formerly depended for emotional and other kinds of support. And as will be mentioned later, for some there is little integration into the social and organizational life of the Anglo communities in which they live.

For some, language is a problem in adjusting to the new culture; indeed, it is often the first and most serious. Good mental health requires the ability to communicate. In the Anglo-American communities of the Midwest, English is the means of communication--to apply for a job, get needed services, advance in school, go to court, or share emotions with neighbors and others.

These and other conditions affect many of the Hispanos in this

region. Mental stress and its related symptoms can be the result. This chapter will examine some of these problems as they apply to the mental health of the Hispano population.

Health Conditions

As mentioned in Chapter 4, the respondent was read a list of 23 health conditions and asked, for each one, whether the condition bothered her/him "very much," "some," or "not at all." Table 18 shows the number of people who had nervousness, headaches, trouble sleeping, and low spirits. These symptoms, which often indicate concern over one's own life and destiny, were more frequently problems for Hispano respondents than for their counterparts in the Dane County survey. It is interesting that more people said they had these conditions than said they had physical problems such as eye, ear, and bladder trouble. This suggests both the respondent's willingness to be open with the interviewer and the great significance of these problems in the Hispanic community.

Table 18

Selected Health Conditions Bothering Respondent
"Very Much" and "Some"

	"Very Much"		"Some"		Total	
	Hispano Survey		Hispano Survey		Hispano Survey	Dane County Survey
	Number	Percent	Number	Percent	Percent	Percent
Nervousness	21	15.8	35	26.3	42.1	30.8
Headaches	19	14.3	43	32.3	46.6	35.2
Irritability	15	11.3	28	21.1	32.4	31.2
Backache	14	10.5	30	22.6	33.1	30.5
Trouble Sleeping	9	6.8	26	19.5	26.3	22.1
Low spirits	7	5.3	31	23.3	28.6	24.6

Nervousness

Later during the interview, the respondent was asked "Do you have trouble with your nerves?", followed by "What does that mean to you?", and whether he/she was using medication or had sought help for nervous

or emotional problems. Thirty-five percent (47) of the respondents said they had trouble with their nerves. Explanations for this included concern about the family, especially if they lived far away, and worries about health and money. Others explained their nervousness stating that they were "irritable" or "tense." Table 19 shows the responses to the follow-up questions compared with the responses to the Dane County Health Survey, where nervousness was a problem for only 19 percent of the adult sample.

Table 19

Respondents and Spouses Who Had Trouble With "Nerves"

	Hispano Survey		Dane County Survey	
	Number (N=232)	Percent	Number (N=999)	Percent
Trouble with nerves	66	28.4	192	19.2
Using medication for nervous condition	18	7.8	76	7.6
Sought help for nervousness	24	10.3	50	5.0

Use of Alcohol

One third of the respondents reported that they never drink alchoholic beverages, as opposed to only 12 percent of the Dane County Health Survey respondents. Table 20 shows that Hispano respondents had a lower frequency of alcohol use at all levels except for those who responded that they seldom drank.

For the total sample, approximately one out of eight respondents reported that someone in the family had difficulty because of too much drinking. This compares with 4.7 percent in the Dane County sample.

"El Comite" was surprised at the relatively low incidence of alcohol-related problems the respondents reported. Community workers had claimed that alcohol is a serious problem and that it had become a frequent cause for arrest and traffic violations yet compared with the Dane County Survey data, alcoholism appears to be only a slightly greater problem with the Hispanic group. There is almost no problem with alcohol among Hispano women. The data collected do not confirm

some of the apprehensions of the community workers, unless alcohol use and abuse among Hispanos, though limited to a small number, is more visible and disruptive than that in the general population.

Table 20

Respondent's Frequency of Drinking Alcoholic Beverages

	Hispano Survey		Dane County Survey
	Number	Percent	Percent
Often	8	6.0	7.6
Occasionally	28	21.1	52.2
Seldom	50	37.5	28.1
Never	44	33.1	11.8
No information	3	2.3	0.3
	133	100.0	100.0

Unhappiness and Marital Problems

In order to find out what the Hispanic respondents would do if they were unable to cope with a personal problem, the following question was asked:

> "Problems often come up in life. Sometimes they're personal problems. Sometimes they're problems in a marriage. Or sometimes it's a personal problem with a child or a job. I'd like to ask you a few questions now about what you think a person might do to handle problems like this.
>
> For instance, let's suppose you had a lot of personal problems and you're unhappy all the time. Let's suppose you've been that way for a long time, and it isn't getting any better. What do you think you'd do about it?"

Table 21 shows that about 40 percent would seek professional help from a doctor, counseling center, or priest, while 21 percent mentioned no outside source at all, feeling that they would handle it themselves, do nothing, would never have such a problem, or had no idea what they would do.

Those who did not mention a doctor, priest or other professional counselor were then asked if they know of a place to get help if the problem did not get better. One out of three did not know where to turn. These people apparently had not heard of the community agencies,

Table 21

What Respondent Would Do if Unhappy for a Long Time

	Number	Percent
See doctor, counselor, professional	34	25.6
Talk to a priest	20	15.0
Talk to a relative	24	18.0
Talk to a friend	14	10.5
Do nothing	12	9.0
Handle it by self	9	6.8
Never had problem	4	3.0
Don't know	3	2.3
Other, including more than one answer	13	9.8
	133	100.0

such as the Mental Health Center, that other respondents mentioned.

When the 102 married respondents were asked what they would do about a marital problem, a large group said they would do nothing, again indicating a lack of knowedge about outside helping resources. Table 22 shows the diversity of other responses, with only 28 percent mentioning outside professional help as their resource in this situation; 65 percent would not go to a professional or did not know of such assistance.

Several potential problem areas were not explored by this survey. One area concerns the difficulties arising from marriages of Hispanics to non-Hispanics. Because of differences in cultures, environment, and life experiences marital conflicts can grow to major proportions. And, when parents and other relatives are not around to help, family problems may become acute.

Experiences in Seeking Help

Various questions about whether the respondent had actually gone to seek help with problems were interspersed among the previously mentioned items about their problems.

Table 22

What Respondent Would Do if There Was a Serious Marital Problem

	Percent
Do nothing	18.0
Seek professional counseling	14.0
Talk with a priest	14.0
Talk with spouse	12.0
Talk with relative	10.0
Talk with friend	7.0
Separate or divorce	7.0
Don't know	4.0
Other	7.0
No information	7.0
	100.0

Taking all the respondents as a whole, 24 (18 percent) went for professional help to a doctor, trained counselor, priest or lawyer.

For the 69 families with school age children, 27 (39 percent) talked with the child's teacher or other school personnel about problems the child was having.

Respondents were also asked about their use of three other types of helping places: lawyers, the police, and astrologers or fortune-tellers.

Finally the respondent was asked if he/she had "ever gotten any help from reading a book, newspaper columnist, or other who advises on personal problems." Table 23 summarizes use of these sources.

For those reading various materials of their choice, almost all felt that they received the help they sought; about 70 percent were helped by professionals, and 67 percent by the teacher concerning their school aged child.

In general, it appears that none of the sources mentioned were greatly used. The previous questions have shown that many more people, as many as one third or more of the respondents, have felt a need for

help than the number who have actually received some help with their problems.

Table 23

Sources of Help Used by Respondent

	Those Who Sought Help		Those Who Felt Help was Received[a]	
	Number	Percent	Number	Percent
Professional help	24	18.0	17	70.8
Doctor or trained counselor (16)				
Clergy (5)				
Lawyer (3)				
Teacher, for problems with child (Respondents with children = 69)	27	39.1	18	66.6
Talking with lawyer	26	19.5	b	
Policeman, judge, courts	12	9.0	b	
Astrologer, fortune teller, palmist	3	2.3	b	
Reading book, newspaper column, Bible	30	22.6	29	96.7

a Percent based on number who sought help
b Question not asked

Problems in Adjusting to the Community

Almost one half of the respondents were born outside the United States, and several more felt very far away from home in Wisconsin. One half of these 70 people thought "often" about their mother-land, and almost as many often thought of returning for a visit. Feeling lonely or homesick was a problem many times for about one fourth of the non-natives and another one fourth felt this way "some of the time."

Feeling homesick was further reflected in the question about the frequency of visits home. About 45 percent had visited home in the last year and another 22 percent in the last one to three years. Relatives had visited the respondents a little less frequently. Most respondents who planned to return home permanently were foreign students (14 out of

19). Problems in adjusting to a new community are listed in Table 24. When foreign students are separated from other respondents in this table, leaving family and friends behind shows up as a much greater problem for foreign students. All other problems are much greater for other respondents except for cost of living which is approximately equal for both groups.

Table 24

Respondent's Problems in Adjusting to a New Community

		Number[a] (N=133)	Percent
Leaving family and friends behind		56	45.2
Cost of living		51	39.8
Finding a permanent place to live		40	31.3
Finding new health care services		27	21.1
Children adjusting to new school		24	33.8
Other		38	29.7
Language problems	(13)		
Cultural differences	(6)		
Adjusting to weather	(5)		
Finding a job	(4)		
Transportation, child care, etc.	(10)		

a Total number of people who responded to each question differs because some questions were not appropriate or no answer was given.

Knowledge and Use of Outreach and Educational Services

A series of questions was asked about knowledge of and contact with outreach and health education programs, and about Spanish-speaking people using the services they need. "Outreach" was defined for respondents as "active attempts by an organization to locate persons and inform and direct them to needed services." "Health education programs" were defined for respondents as "information or brochures to educate persons about health or mental health care, etc."

The following summary of responses shows that a moderate level of knowledge about health services exists in the Hispanic population, but

the use of services is low. Beliefs about needed services confirm the low level of use of services in general.

Forty-seven percent had heard of outreach. The agencies most commonly mentioned were:

	Percent (N=133)
United Migrant Opportunity Services	18
Spanish American Organization, Madison	9
La Raza Unida, Jefferson	8
St. Martin's House, Madison	8
United Neighborhood Center, Madison	8
Dane County Mental Health Center, Madison	5

Twenty-six percent have had contact with outreach agencies and programs. In addition to several mentions of radio programs, the following specific agencies were mentioned most often:

	Percent (N=133)
United Migrant Opportunity Services	9
United Neighborhood Center	5
La Raza Unida	4
Dane County Mental Health Center	4

Forty-one percent had heard of health education programs. It is difficult to classify the programs due to lack of specificity in many of the responses. For example, some respondents specifically mentioned immunization while others mentioned only "clinics" or "free clinics," where it is likely they could get immunizations. Keeping this in mind, the following were most frequently mentioned as types of health education programs:

	Percent (N=133)
Publications, pamphlets, brochures, newsletters	13
Maternal care, child care, children's diseases, immunizations	7
Family planning	5
Mental health centers or clinics	5
Doctor's or nurse's offices, medical clinics	4

Only 16 percent have had personal contact with health education programs (mostly those mentioned above).

Forty-seven percent were interested in obtaining more information about outreach programs. The most frequent mentions were:

	Percent (N=133)
General health care, health education, health problems	10
Bilingual programs--English lessons, Spanish-speaking doctors, translators in prisons, training bilingual staff members in clinics, bilingual daycare programs, etc.	8
Mental health, including alcohol and drug counseling	6
Maternal and child care	6
Social services, including transportation to doctor, transportation to driving test, self-help instruction in building low income houses, legal rights, etc.	6
Preventive services, including immunizations	5

Forty-five percent believe that Spanish-speaking people are not using available services which they need.

Activities Out of the Home

The respondents were asked a series of questions about their participation in social and community activities, and their responses can give some indication of whether they were involved in or isolated from people and activities outside the home. The first three questions asked about how often the respondent got together with relatives, with friends, and went out for eating, drinking, or seeing a movie. Only one person never did any of these, and 12 more (9 percent) did only one of these activities. Almost half the respondents and their spouses had other activities, such as clubs, recreation, and classes, that took them out of their home. And over 75 percent of the respondents attended church services some of the time. Table 25 summarizes these activities, showing that contact with friends is the most common activity.

When asked religious preference, 66 percent of the respondents reported Catholic. Another 16 percent were Protestant or Fundamental including Pentacostal and Jehovah's Witness. Five percent gave more than one answer and 13 percent said they had no religious preference.

Two more questions explored contact with the community by asking whether the respondent read any newspapers regularly or listened to Spanish language radio programs. Almost 16 percent did neither of these. Sixty-one percent read a newspaper regularly and 60 percent listened to a Spanish language radio program. Radio programs most frequently mentioned were "La Voz de La Raza" on Sunday and "Nuestra

Cosa" on Saturday, both broadcast from WHA in Madison; 17 other programs from various stations in Milwaukee, Fort Atkinson, Watertown, Fond du Lac, and Beaver Dam among others were also mentioned.

Table 25

Respondent's Activities Outside of Home

	More than once a month		Once a month or less		Never	
	Number	Percent	Number	Percent	Number	Percent
Getting together with friends	82	61.6	29	21.8	18	13.5
Going out to eat, drink, or movies	70	52.6	44	33.1	18	13.5
Getting together with relatives	55	41.3	45	33.8	31	23.3
Going to church services	60	45.1	41	30.8	31	23.3

The preceding questions and responses show that generally more than one half of the respondents had contacts outside the home, but a significant minority were involved in few, if any, outside activities. Coupled with the 16 percent who do not read a paper regularly or listen to Spanish-speaking radio programs, it is not surprising that many people had not heard of outreach services and felt that Spanish-speaking people were not using the community services they need.

Summary

A wide variety of questions in this interview were used to probe the respondents' levels of unhappiness, loneliness, and other emotional problems as well as to determine the level of knowledge and utilization of mental health services. The responses clearly indicate that a part of the Hispanic community has a need for these services. Headaches, nervousness, low spirits, thoughts of home and family left behind bothered one fourth or more of the sample. Smaller groups felt that they had problems with alcohol use, with homesickness, and with adjustment to a new and often foreign community.

Language is a major factor in obtaining mental health care and is often a barrier to finding or using services that are needed. It is easier to explain one's physical symptoms to a physician than it is to share one's frustrations with a counselor or psychologist.

There are other problems as well: one fifth of the sample did not know where to go for help with personal problems and over one half had never heard of any outreach programs. The lack of knowledge about services is dramatically pictured by the fact that almost half of the respondents wanted more information about outreach programs and as many felt that Hispanos are not using available helping services. Only one fourth have ever had any contact with a helping service or outreach agency.

Many people with a personal or marital problem would turn first to a friend, relative or priest. It appears that kinship, friendship, and church are important resources for many, and if one is alone or new in the community the sources for help may be difficult to identify.

CHAPTER 7
problems in obtaining health care

Only 14 percent currently go to a bilingual doctor. On the other hand, nearly one half of the total sample felt it would help if the doctor, clinic or agency personnel were bilingual. After all, it is language difficulties which have kept as many as one fifth from seeing a doctor when they felt they needed one.

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This chapter explores the problems Hispanos report in obtaining health care. The reasons for not seeing a doctor are presented, and special attention is given to related topics, such as income and education, health insurance and language problems.

Not Seeing a Doctor

The survey of Dane County respondents explored several reasons for not seeing a doctor. In addition to the 12 possible reasons included in that survey, an additional problem, inability to speak English, was added to the Hispano study. Table 26 compares the Hispano sample and the Dane County sample in responding to the following statement: "Here are some possible reasons for not seeing a doctor--thinking over your own experiences, please tell me whether or not any of these reasons has ever kept you from seeing a doctor."

More of the Hispanos reported having every problem, with one exception; the Dane County sample reported not being able to afford a visit to the doctor slightly more often than the Hispanos did. The difference, however, is insignificant. In addition, some Hispanos were reluctant to visit a doctor unless they were able to pay.

Both samples listed not liking "to bother the doctor unless it's necessary," as the number one reason for not seeing a doctor, at least on occasion. Problems of time, however, appear to be significantly

greater for Hispanos. One fifth of the Hispanos felt it takes too long to get an appointment and nearly an identical percentage complained about having to wait too long in the doctor's office or clinic; only eight to nine percent of the Dane County respondents mentioned these reasons. Over 17 percent of the Hispanos reported being too busy and not having time, compared to 11 percent in the Dane County sample. This may indicate that Hispanos are more hesitant about taking time off from work and losing pay. The type of occupation of many may also prevent leaving the job for sickness, except in emergencies. In addition, some may have longer distances to travel, at least in Jefferson and Dodge counties. In fact, over 14 percent of the Hispanos reported that the doctor's office was too far away (compared to only three percent of the Dane County sample). Because transportation is not readily available for Hispanos, it was considered somewhat more of a problem for them (10.5 percent) than for the Dane County sample (6.5 percent).

Table 26

Respondent's Reasons for Not Seeing a Doctor in Hispano and Dane County Surveys

	Hispano Survey (Percent)	Dane County Survey (Percent)
Don't like to bother doctor unless it's necessary	42.9	35.9
Takes too long to get an appointment	20.3	8.9
Don't speak English	19.5	a
Have to wait too long in office/clinic	18.8	8.2
Too busy; don't have time	17.3	10.9
Doctor's office too far away	14.3	3.4
Afraid of what doctor might find	12.0	4.0
Don't think doctor could help	11.3	7.8
Transportation not readily available	10.5	6.5
Don't know any really good doctor	9.0	7.4
Hard to go to because of children	8.3	4.2
Couldn't afford it	8.0	9.2
Husband/family member wouldn't let me go	2.3	1.0

a Not asked in the Dane County survey

Finally, nearly one fifth of the Hispanos reported not speaking English as a reason for not seeing a doctor. This and related problems are discussed in more detail in the following section.

Language Problems

Fully one fifth (22.5 percent) of the Hispano respondents reported they "had difficulty securing adequate health care due to language difficulties." The response to this question was close to the percentage (19.5 percent) in the preceding table which reported "not speaking English" as a reason for not seeing a doctor. In addition, 93 percent of those reporting language difficulty said they had the problem "occasionally" or "often." Only seven percent "rarely" had language difficulties. The fact that 88 percent of those reporting language difficulties also said they needed an interpreter for medical instructions written in English further shows the seriousness of this problem. Less than two percent reported they presently receive their instructions written in Spanish.

Having problems in securing adequate health care due to language difficulties proved to be largely a function of education. (See Table 27.)

Table 27

Relationship Between Level of Education and Problems in Securing Health Care Due to Language Difficulties

Level of Education	Number of Households in Educational Category (N=133)	Percent of Households Reporting Language Difficulty
No formal education	10	50.0
Elementary (1-6 years)	34	50.0
Junior high (7-8 years)	12	16.7
Some high school (9-11 years)	14	14.3
High school (12 years)	18	11.1
Some college (13-15 years)	21	9.5
College (16 years)	6	0.0
Some graduate work	15	6.7
Graduate degree (masters, Ph.D., etc.)	3	0.0

Fully 50 percent of those having six years or less educational attainment reported problems in securing health care because of language difficulties. The percentage drops signficantly as the education level increases. In addition, over one half (53.7 percent) of the respondents having six years or less of school reported needing an interpreter for written medical instructions. Only 15 percent of those in the higher education level needed this assistance.

On the other hand, the language problem was not as clearly related to the respondent's total family income. (See Table 28.)

Table 28

Relationship Between Family Income and Problems in Securing Health Care Due to Language Difficulties

Total Family Income	Number of Households in Income Category (N=133)	Percent of Households Reporting Language Difficulty
Less than $5,000	23	21.7
$5,000-9,999	50	34.0
$10,000-14,999	20	20.0
$15,000-19,999	7	28.5
$20,000 or higher	9	0.0
Income not reported	23	13.0
Difficulty not reported	1	-

In each of the income categories below $20,000, one fifth to one third of the respondents reported problems in getting health care because of language difficulties. The percentage dropped significantly only at the highest income level, a group which includes Hispanos with higher educational levels. The low percentage (21.7 percent) of the lowest income group having difficulties may be due to the concentration of students in the category, and to agency assistance in interpretation.

Over one fifth of the Hispano respondents reported that it was necessary to have an interpreter accompany them to the doctor. In most cases this person was an adult family member or friend. Only 10 percent of those needing help rated the translation as "poor." However, this assessment may be very subjective.

Only 14 percent currently go to a bilingual doctor. On the other hand, nearly one half (46.6 percent) of the total sample felt it would help if the doctor, clinic or agency were bilingual.

Thus, language appears as a significant barrier to obtaining needed health care. It should be pointed out also that 43 percent of the respondents chose Spanish as the language in which to be interviewed about their health practices and needs.

Health Insurance

A high percentage of Hispano households reported having insurance coverage. Fully three fourths reported having some kind of private coverage (mostly through their employment or privately subscribed Blue Cross-Blue Shield). This, however, is significantly lower than that reported by the Dane County sample of 1973 (92 percent, see Table 29). In addition, over twice the percentage of Hispanos reported having no insurance of any type (9.8 percent versus 4.5 percent for the Dane County sample).

Table 29

Comparison of Health Insurance Coverage for Hispanos and Dane County Survey

Type of Coverage	Percent Reporting Hispanos (N=133)	Percent Reporting Dane County
Private health insurance	75.2	91.9
Medicaid	25.6	2.3
Medicare	3.8	15.0
None	9.8	4.5

The pattern of usage of publicly supported programs also was different for the two groups. Over one quarter of the Hispano households had used Medicaid in the past year, compared to only two percent of the Dane County sample. This undoubtedly reflects the Hispano population's lower average income. But, 15 percent of the Dane County sample used Medicare, compared to less than four percent of the Hispanos. The small proportion of elderly in the Hispano sample

explains this difference. Nearly one fifth (19.5 percent) of the Hispano sample reported not being able to afford private health insurance. Another 2.3 percent reported not being eligible for any of the private or public programs.

Comparing income groups, two thirds of those with annual incomes of less than $5,000 had private health insurance. Only 19 percent had coverage associated with their jobs. An identical proportion (67 percent) of those with incomes of $5,000-9,999 had insurance coverage, but of these, 63 percent had the coverage through their jobs. Ninety percent of those having incomes of $10,000 or more had private coverage, but again, over one half (53 percent) had coverage through their jobs.

Other Economic Problems

As noted in Table 26, eight percent of the respondents said they had not seen a doctor because they could not afford treatment. Nine percent also reported, in response to a different question, that in the past year there had been some member of the family who needed medical or health care service but it could not be afforded. Less than five percent said they had been refused medical care because they had no insurance or other means of payment.

Over one fourth (26.3 percent) reported having unpaid doctor or hospital bills, compared to 27.9 percent of the Dane County respondents in 1973. Thirteen percent of both samples reported having to borrow money to pay a doctor or hospital bill while living in Wisconsin. In economic terms, there appears to be little difference between the two samples.

Summary

Hispanos reported not seeing a doctor to a greater extent than the Dane County sample for every reason except not being able to afford it. Two problems emerged as being extremely important. First, time problems were more severe for the Hispano population. Second, language difficulties had kept as many as one fifth of the Hispanos from seeing a doctor when they felt they should have gone.

Language difficulty was highly related to low educational attainment, but not to income level. Most of those having language difficulties also had to use interpreters for instructions written in English. Less than two percent received instructions written in Spanish. Only 14 percent went to a bilingual doctor or clinic.

A lower percentage of Hispanos (75 percent) than Dane County residents (92 percent) had private health coverage. Significantly more Hispanos (26 percent) than Dane County residents (2 percent) used Medicaid. Less than four percent of Hispanos used Medicare, due to the low average age of the population.

About the same percentages of Hispanos and Dane County residents reported unpaid doctor or hospital bills, and had to borrow money to pay such bills.

Take one pill in the morning and two before retiring for the night.
In case of dizziness or vomiting, stop taking pills. Call your doctor.
Rx
Tome una pastilla por la mañana y dos antes de acostarse.
En caso de vomitos o mareos, deje de tomarse las pastillas. Llame su doctor.

CHAPTER 8
unmet needs of hispanos

Over one half felt a strong need to have clinics and doctor offices open at night or on weekends. Thirty percent felt a need for a doctor to be located closer to home, and one third expressed a need for daycare or babysitting services.

Some health needs of the Hispano population have been identified in the preceding chapters, both directly and by interpretation of responses to indirect questions or probes. In addition, each respondent was read a list of 18 possible needs and was asked to indicate the urgency or degree of need he or she felt. The interviewer read the following statement: "We are interested in seeing that people get the kinds of health care that they need. Please tell me which of the following services are very much needed, somewhat needed, or not needed by you and your family at the present time.". The results are summarized in Table 30.

Table 30

Health Services Needed by Hispanos
Based on Their Responses

Health Service	Percent Responding "Needed Very Much" (N=133)
Dental care	57.9
Clinics and doctors' offices open at nights and on weekends	54.1
Health and post-illness checkups	49.6
One doctor caring for entire family	48.1
Daycare or babysitting	33.1
Doctors located closer to home	30.1
Better transportation to medical facilities	25.6
Health education	25.6
Visiting nurse service	21.8
Mental health services	20.8
Health counseling by public health nurses	18.0
Marriage counseling	16.5
Family planning services	14.3
Drug and alcoholism counseling	14.3
Better nursing home facilities	12.0
More chiropractic clinics	12.0
Better garbage and rubbish disposal	12.0
Better sewage disposal	8.3

Dental care emerged as the need most urgently felt by the Hispano respondents. Nearly three fifths indicated it was needed "very much." This confirms the previous finding that in 75 percent of the families not all members had been to the dentist in the previous year. Few insurance plans paid by employers provide dental insurance and

undoubtedly private dental insurance is too expensive for a majority of the families. Although most respondents did not indicate that they had a problem in paying for other types of medical services, one half of those who thought they needed dental care cited the expense as the reason why they were not going. In addition, visits to the dentist are easy to postpone until a serious problem arises.

Time-related problems, identified in the previous chapter, also reappear in Table 30. Over one half felt a strong need to have clinics and doctor offices open at nights or on weekends. Nearly one half definitely prefer to have one doctor care for the entire family, thus reducing the amount of time necessary to visit specialists in different locations. Thirty percent felt a need for a doctor located closer to home, and one third need daycare or babysitting services. One fourth have transportation problems and over one fifth indicated a need for visiting nurse service.

With respect to specific types of medical services needed, nearly one half indicated a strong need for general health or post-illness checkups. Part of this may be due to the difficulties many Hispanos experience in seeing a doctor. Eighteen percent mentioned a strong need for health counseling by public health nurses.

The need for mental health services was mentioned by over one fifth of the respondents. Marriage counseling, family planning services, and drug and alcohol counseling each was very much needed by 14 to 16 percent of the households.

Smaller percentages indicated a need for chiropractic clinics, and for garbage, rubbish and sewage disposal.

In summary, the following conclusions about the health and mental health needs of Hispanos emerged from the responses in the survey:

> Dental care is a serious problem. Significant numbers of Hispanos do not see a dentist regularly. Expense is the major reason given.
>
> A significant proportion (30 percent) of Hispanos perceived their health to be only "fair" or "poor." At least one half are seriously in need of health examinations or checkups.
>
> There is evidence of severe mental strain and tension. Cultural

isolation, homesickness, loneliness, and financial worry are contributing factors.

Marital counseling is of great importance and is largely non-existent for this group. Many Hispanos are Catholic, live in nuclear family households, and cannot find Spanish-speaking priests. The extended family lives too far away to be available for advice on personal matters.

Contraceptive methods are widely known and utilized, especially by the younger Hispano women. Nevertheless, Hispano family size is larger than that of the general population, creating additional problems in securing health care. A significant proportion (14 percent) of the women stated that they need family planning services.

Inadequacy in the English language, and the lack of oilingual personnel in the health delivery system, are major barriers which prevent many Hispanos from obtaining needed health, mental health and counseling services. Language difficulties are associated with low educational attainment.

Problems relating to time and transportation are barriers to obtaining needed health services. Long waits for appointments, long waits in doctors' offices and clinics, not having time to go during the day, long distances to doctors' offices, and not wanting to take time away from work are all problems in obtaining health care.

The Hispano population is not adequately informed about many health education and outreach services which currently are available. Also, there is a need for more educational and outreach material published in Spanish.

APPENDIX
appendices a, b, c, d

Appendix A

COOPERATIVE EXTENSION PROGRAMS
University of Wisconsin–Extension
University of Wisconsin–Madison

240 Agriculture Hall 1450 Linden Drive Madison, Wisconsin 53706 608-262-1510

DEPARTMENT OF RURAL SOCIOLOGY

Dear Friends:

The Department of Rural Sociology in conjunction with the State of Wisconsin Division of Health is conducting a survey of Spanish-speaking households in Dane, Jefferson and Dodge counties. The purpose of the survey is to find out about health needs of the families as well as their use of various health services in the community.

Because we could not speak with all of the families, a scientifically selected random sample of Spanish-speaking households was chosen. Your household is one of 300 households which has been selected.

In a few days an interviewer who speaks both Spanish and English will be contacting you or a member of your family in order to set a time for you to be interviewed.

All information will be completely confidential and will be combined with other families for a statistical analysis.

You are not obligated to answer any question you do not wish to, and are free to terminate the interview at any time.

We appreciate your cooperation. This is one way the community officials will be made aware of the health needs of Spanish-speaking families such as yours.

If you have any questions or would like more information, please do not hesitate to call either Mr. Oyarbide or me.

Sincerely yours,

Doris P. Slesinger, Ph.D.
Assistant Professor
(608-262-1510)

Pancho Oyarbide
Community Specialist
(608-251-2341)

COOPERATIVE EXTENSION PROGRAMS
University of Wisconsin–Extension
University of Wisconsin–Madison

240 Agriculture Hall 1450 Linden Drive Madison, Wisconsin 53706 608-262-1510

DEPARTMENT OF RURAL SOCIOLOGY

Estimados amigos:

El Departamento de Sociología Rural de la Universidad de Wisconsin en cooperación con el Departamento de Salud del Estado están llevando a cabo un estudio de las familias de orígen Hispano en los condados de Dane Jefferson y Dodge.Este estudio tiene por objeto conocer las necesidades de salud y de saber cómo las personas que hablan el Español utilizan los servicios de salud que existen en la comunidad.

Dado que nos sería imposible entrevistar a todas las familias,tan solo fueron escogidas un cierto número de las mismas. Su familia es una de las 300 familias que han sido escogidas para entrevistar.

Dentro de breves días, un entrevistador que habla Inglés y Español, establecerá contacto con Ud. o con alguien de su familia, para solicitarle una cita para hacerle una entrevista.

La información que Ud. suministre será confidencial -o sea que solamente será conocida por las personas encargadas del estudio- y todas las respuestas serán mezcladas con las de las de otras familias entrevistadas.

Ud. no está obligado a responder ninguna pregunta que se le haga si asi lo desea. Sientase libre de dar por terminada la entrevista cuando Ud. lo considere conveniente.

De antemano le agradecemos su colaboración.Creemos que esta es una forma de hacer que el gobierno del el Estado conozca sobre los problemas y necesidades de salud de la comunidad de habla Hispana.

Si Ud. tiene alguna pregunta o desea mas detalles acerca de este estudio, por favor, háganos una llamada que con mucho gusto contestaremos a sus dudas.

Atentamente,

Doris P. Slesinger, PhD.
Assistant Professor
(608-262-1510)

Pancho Oyarbide
Community Specialist
(608-251-2341)

Fall, 1976

Office No.: _____

Department of Rural Sociology
University of Wisconsin-Extension
Madison, WI 53706

HEALTH SURVEY - SPANISH-SPEAKING POPULATION

Dodge, Jefferson, Dane Counties

Interviewer: _____ Int. No.: _____

We have been asked to find out from the Spanish-speaking residents of several Wisconsin counties some information about their health needs, and their opinions on obtaining health care in this area. Your home has been scientifically selected to represent people in this area.

▶Se nos ha pedido entrevistar a algunas de las familias Hispanas del area para conocer cuales son las necesidades y las opiniones que tengan sobre la salud en la familia. Su familia ha sido seleccionada científicamente para representar a la gente de esta área.

First of all, could you please tell me who lives in this household? Let's start with the head of the household. (GET INFORMATION FROM PERSON WHO ANSWERS DOOR)

▶En primer lugar, podría decirme quienes viven en esta casa? Empecemos con la cabeza (el jefe) de la familia:

LIST ALL MINORS

	Rel'ship to Head	First Name	Age
1			
2			
3			
4			
5			
6			
7			
8			

LIST ALL PERSONS 18 OR OLDER

Rel'ship to Head	First Name	Age	Sex	R

Choose respondent in following order:

1. Female head (or wife of head of family.
2. Other female over 18, starting with oldest to youngest
3. Male head of family
4. Other male over 18, starting with oldest to youngest

Thank you. I would like to speak to (the wife of the head/you/your mother.)

I would like to ask you some questions. You are not obligated to answer any questions you do not wish to, and can feel free to stop the interview at any time. All information will be completely confidential, and will just be combined with other families for a statistical analysis. In addition, identifying information will be removed from the interview so that no one will know which specific family the interview is from.

▶Gracias. Me gustaría hablar con (su esposa/Ud/su madre)

Le voy a hacer algunas preguntas. Ud no tiene que responder ninguna de ellas y si asi lo desea, podemos terminar la entrevista cuando Ud. lo considere conveniente. Toda la información es confidencial y será mezclada con la de otras familias para hacer el estudio. La primera hoja de cada cuestionario será removida, de tal manera que la información sobre la familia no tendrá ninguna identificación.

RECORD OF CALLS			
Call No.	Date	Time	Detailed Result of Each Call
1.			
2.			
3.			
4.			
5.			

NON-INTERVIEW INFORMATION

1. Why was an interview not taken from this household?

[ ] Housing unit vacant; no one living in HU

[ ] Address not a housing unit (commerical building, destroyed, etc.)

[ ] Household no longer at this address. Family moved. [ ] Address unknown [ ] Out of state [ ] In area

[ ] No Spanish-speaking members of household

[ ] Other: Explain _____

2. Did contacts at this HU result in

[ ] Refusal: Explain _____

[ ] No one at home in occupied HU

[ ] Respondent not at home; someone seen but not R.

[ ] Other: explain _____

Office Number _____ Latino Health Survey

1. In general, would you say your own health is excellent, good, fair, or poor?

▶ En general, Ud. diría que su salud es excelente, buena, regular, o mala?

[Excellent] [Good] [Fair] [Poor] [Don't know]

2. Whom do you usually see or where do you usually go when you, yourself, are sick - to what person or place? (PROBE FOR ADDRESS, NAME OF ASSOC., CLINIC, ETC.,(ONE ONLY)

▶ Cuando Ud. está enferma, a quien acude o visita o a qué lugar va?

[Never go to doctor] (SKIP TO Q 5)

	Name of Clinic or Hospital	
Doctor ( ) Private		(Go to Q3)
Clinic - no special doctor		(Skip to Q4)
Outpatient clinic of hospital		(Skip to Q4)
Hospital emergency room		(Skip to Q4)
Other (Specify)		(Skip to Q5)

3. (IF DOCTOR): Is this doctor a general practitioner, a specialist, a chiropractic doctor, or what?

▶ (SI ES EL DOCTOR): Es el doctor un medico general, un especialista, un quiropráctico, u otra cosa?

[Gen. practitioner] [Specialist] [Chiropractor] [Don't know]

Other: (Specify) _____

4. (IF CLINIC OR HOSPITAL): Is this clinic/hospital a medical, chiropractic, or what kind of clinic/hospital?

▶ Es ese centro/hospital medico o quiropráctico, o de algún otro tipo?

[Medical] [Chiropractic] Other: (Specify) _____

_____

_____

Interviewer: _____ Int. No. _____ Time started _____ a.m. p.m.

7-80 blank

5. During the past year, did you go to this same doctor/clinic for all the health care you had, or did you go to any other doctor or clinic?

▶En este último año, cada vez que Ud. se enfermó fué al mismo doctor/centro o fué a otro doctor/centro?

[Same doctor/clinic] (To Q6) [Other] ↓ [No doctor in past year] (To Q6)

5a. Which doctor(s) or clinic(s)?

▶Cual doctor(s) o centro(s)?

_____

_____

6. The last time you saw a doctor, was it for a routine check-up, or because you were sick or injured?

▶La última vez que visitó el doctor fué por un chequeo-exámen general, o fué porque Ud. estaba enferma o lesionada (accidentada)?

[Check-up] (To Q7) [Illness] ↓ [Injury] → Other (Specify) _____ (To Q7)

6a. What was the illness?
·Cual era la enfermedad?

_____

_____

_____

6b. What happened? (BODY PART AFFECTED)
·Que pasó?

_____

6c. How did this occur?
·Como ocurrió? _____

_____

7. How long ago did you last have a physical exam or check-up when you were not sick?

▶Cuanto tiemp hace que le hicieron el último exámen general sin que hubiera estado enfermo?

[Never] (Go to Q8) Or _____ (DAYS, WEEKS, MONTHS, YEARS)

7a. How did you happen to go for this check-up?
·Porqué razón tuvo que ir al chequeo? _____

_____

_____

_____

8. Do you have any chronic illness, disability or health problem?

▶Tiene Ud. alguna enfermedad crónica, algún impedimento o algún problema de salud?

Yes ↓ No (Go to Q9)

8a. What kind of health problem is this? (PROBE FOR NAME OF ILLNESS, SYMPTOMS, BODY PART AFFECTED. RECORD ON CHART, IF MORE THAN ONE CONDITION, ASK FOR EACH ONE).

▶Que clase de problema es ese?

8b. Are you seeing a doctor about this condition? (RECORD ON CHART BELOW)

▶Está siendo tratada por un doctor?

8c. How long have you had this condition or health problem? (REC. BELOW)

▶Hace cuanto que sufre de esta molestia?

8d. How does this condition limit you? Does it: (READ LIST AND RECORD POSITIVE LETTER RESPONSE ON CHART BELOW)

▶Cómo este problema la limita?

A. Keep you from working full-time — Yes / No
·No la deja trabajar tiempo completo

B. Keep you from working part-time — Yes / No
·No la deja trabajar tiempo parcial

C. Keep you from going to school — Yes / No
·No la deja tomar clases o cursos

D. Keep you from doing all housework — Yes / No
·No la deja hacer nada en la casa

E. Keep you from doing some housework — Yes / No
·No la deja hacer ciertas cosas en la casa

F. Keep you from normal physical activity — Yes / No
·No le permite ninguna actividad física normal

G. Does it limit your activity in any other way? — Yes / No
·Le limita sus actividades en alguna otra forma?
(IF YES) In what way? _____
De que forma?

(8) Illness or Health Problem	(8a) Symptoms, Body Part Affected	(8b) Seeing Doctor		(8c) How long condition existed	(8d) Limitation (RECORD LETTER)
		Yes	No		
		Yes	No		
		Yes	No		

9. Was there any time over the last 12 months when you couldn't go about your normal activities, for at least 2 days, because of an illness or accident - (aside from normal pregnancy).

▶En este último año ha estado en cama por mas de dos días debido a alguna enfermedad o accidente (no considere partos normales)

[Yes] [No]

9a. Why? Por qué? _____

10. Concerning your own (R) health, do each of the following conditions bother you very much, some or not at all? (CHECK APPROPRIATE RESPONSE)

▶Hablando de su salud, cuales de los siguientes problemas la molestan y si la molestan mucho, a veces, o nunca molestan.

	Mucho Very much	A veces Some	Nunca Not at all
A. eye trouble - problemas de los ojos	___	___	___
B. ear trouble - problemas de los oidos	___	___	___
C. tooth or gum trouble - los dientes o encías.	___	___	___
D. shortness of breath - dificultad de respirar	___	___	___
E. pain in the chest - dolores del pecho	___	___	___
F. coughing - tos	___	___	___
G. high blood pressure - presión alta	___	___	___
H. sinus trouble - sinusitis	___	___	___
I. asthma - asma	___	___	___
J. hay fever - alergia o fiebre del heno	___	___	___
K. swollen joints - articulaciones inchadas ...	___	___	___
L. backache - dolor de espalda	___	___	___
M. trouble sleeping - falta de sueño	___	___	___
N. irritability - neurasteria o mal genio	___	___	___
O. stomach pains - dolores de estómago	___	___	___
P. kidney trouble - problemas de los riñones ..	___	___	___
Q. bladder trouble - problemas de la vejiga ...	___	___	___
R. nervousness - nervios	___	___	___
S. arthritis - artritis o reumatismo	___	___	___
T. rashes - erupciones de la piel (brotes)	___	___	___
U. low spirits - deprimido	___	___	___
V. headaches - dolores de cabeza	___	___	___
W. menstrual troubles (females only) - problemas con la menstruación	___	___	___

11. Are you married, separated, divorced, widowed, or never married?

[Married] ↓

[Separated] [Divorced] [Widowed] [Never Married] → (SKIP TO Q20)

12. We've talked some about your health, now I'd like to ask you some questions about your spouse's health . . . in general would you say your spouse's health is excellent, good, fair, or poor?

▶Hemos estado hablando sobre su salud. Ahora me gustaría preguntarle algunas cosas sobre la salud de su esposo/a . . . en general Ud. diría que su esposo/a tiene una salud excelente, buena, regular o mala?

[Excellent] [Good] [Fair] [Poor] [Don't know]

13. Whom does he/she usually see or where does he/she go when he/she is sick - to what person or place? (PROBE FOR ADDRESS, NAME OR ASSOC., CLINIC, ETC., ONE ONLY)

▶Cuando el/ella está enfermo a qué persona o a qué lugar se dirige en busca de ayuda?

[Never go to doctor] (SKIP TO Q20)

	Name of Clinic or Hospital
Doctor ( ) Private	(SKIP TO Q14)
Clinic - no special doctor	(SKIP TO Q15)
Outpatient clinic of hospital	(SKIP TO Q15)
Hospital emergency room	(SKIP TO Q15)
Other (Specify)	(SKIP TO Q16)

14. (IF DOCTOR): Is this doctor a general practitioner, a specialist, a chiropractor or what?

▶(SI VA AL DOCTOR): Es el doctor un medico general, un especialista, un quiropráctico, o que?

[Gen. practitioner] [Specialist] [Chiropractor]

Other: (SPECIFY) _____

15. (IF CLINIC OR HOSPITAL): Is this clinic/hospital a medical, chiropractic or what kind of clinic/hospital?

▶(SI ES UN CENTRO U HOSPITAL): Es el centro/hospital medico, quiropráctico o qué clase de establecimiento es?

[Medical] [Chiropractic]

Other: (SPECIFY): _____

16. The last time he/she saw a doctor, was it for a routine check-up, or because he/she was sick or injured?

▶La última vez que el/ella visitó al doctor fué para un chequeo general o por alguna enfermedad o accidente/lesión?

Check-up (TO Q17) | Illness ↓ | Injury ↓ | Other (specify) _____

16a. •What was the illness/injury?
▶Cual fué la enfermedad/lesión?

_____

_____

16b. What happened? (BODY PART AFFECTED)
•Que pasò?

_____

16c. How did this occur?
•Como ocurrió?

_____

17. How long ago did he/she last have a physical exam or check-up when he was not sick?

▶Cuanto hace que el/ella fué a un exámen general, o chequeo sin que hubiera estado enfermo?

Never (TO Q18) OR _____ (DAYS, WEEKS, MONTHS, YEARS)

18. Does he/she have any long-term illness, disability or health problem?

▶Tiene el/ella alguna enfermedad crónica, algún impedimento, o algún problema de salud?

[Yes] ↓ [No] (To Q19)

18a. What were these? (RECORD ON CHART)
▶Que tipo de problemas?

18b. Is he/she seeing a doctor about this condition? (RECORD ON CHART)
▶Está siendo tratado/a por un doctor?

18c. How long has he/she had this condition or health problem? (RECORD ON CHART BELOW)
▶Hace cuanto que el/ella sufre de esta molestia?

18d. How does this limit him/her? Does it: (READ LIST AND RECORD LETTER RESPONSE ON CHART BELOW)
▶Como este problema la limita?

A. Keep him/her from working full-time [Yes] [No]
·No lo/la deja trabajar tiempo completo

B. Keep him/her from working part-time [Yes] [No]
·No lo/la deja trabajar tiempo parcial

C. Keep him/ her from going to school [Yes] [No]
·No lo/la deja tomar clases o cursos

D. Keep him/her from doing some house work [Yes] [No]
·No lo/la deja hacer ciertas cosas en la casa

E. Keep him/her from some normal physical activity [Yes] [No]
·No le permite ninguna actividad física normal

F. Does not limit activity [Yes] [No]
·No limita su actividad

G. Does it limit his/her activity in any other way? [Yes] [No]
·Le limita su actividad en alguna otra forma? ↓

(IF YES) in what way?
·De que forma? _____

(18) Illness or Health problem	(18a) Symptoms, Body Part Affected	(18b) Seeing Doctor		(18c) How long condition existed	(18d) Limitation (RECORD LETTER)
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		

19. Was there any time over the last 12 months when he/she couldn't go about his/her usual activities <u>for at least 2 days</u>, because of an illness or accident?

▶En este último año ha estado el/ella impedido/a para desarrollar sus actividades por mas de dos días debido a enfermedad o accidente?

Yes ↓ No

19a. Why? Por qué? _____

20. Here are some possible reasons for not seeing a doctor - thinking over your own experiences, please tell me whether or not any of these reasons has ever kept you from seeing a doctor.

▶Le voy a leer algunas de las razones por las que uno no va al doctor. Piense si estas razones le han impedido a Ud. ir a ver un doctor.

A. I don't know any really good doctor. Yes No
·No conozco un doctor realmente bueno.

B. I couldn't afford it. Yes No
·No puedo pagar un doctor.

C. It takes too long to get an appointment. Yes No
·Toma mucho tiempo conseguir una cita.

D. I have to wait too long in the doctor's office or clinic. Yes No
·Tengo que esperar mucho tiempo en el consultorio del doctor o en el centro de salud.

E. Transportation is not readily available. Yes No
·No tengo transporte para ir.

F. It's hard to go because of looking after the children. Yes No
·No puedo ir porque tengo que cuidar los niños.

G. The doctor's office is too far away. Yes No
·El consultorio del doctor está muy lejos.

H. I don't speak English. Yes No
·Yo no hablo Inglés.

How about some of these reasons? ▶ Que tal estas razones?

I. You were too busy to see a doctor, you didn't have time. Yes No
·Estaba muy ocupada para ir al doctor, no tenía tiempo.

J. You don't like to bother the doctor unless it's necessary. Yes No
·No le gusta molestar al doctor a menos que sea necesario.

K. You didn't think the doctor could help you any. Yes No
·Pensó que el doctor no la podría ayudar.

L. Your husband or other members of the family wouldn't let you. Yes No
·Su marido o algún otro miembro de la familia no le dejaron ir.

M. You were afraid of what the doctor might find. Yes No
·Le dió miedo de lo que el doctor pudiera encontrarle.

21. In the last 12 months, has a public health nurse come to visit in the household?

▶Ha venido a visitarla alguna enfermera en los últimos doce meses?

[Yes] [No] [Don't know]

22. IS R FEMALE AGED BETWEEN 18 and 50?

[Yes] [No] (TO Q31)

23. Since we are interested in family health, we are particularly interested in the health of a mother when she is having children. I would like to ask you some questions relating to pregnancy and childbearing. Has a laboratory test ever been done to determine if you have ever had German measles (Rubella)?

▶Como nuestro interés es la salud de toda la familia, nos interesa muy especialmente la salud de una madre que está todavía produciendo familia. Me gustaría hacerle algunas preguntas que se relacionan con el embarazo y la crianza de los niños. Alguna vez le han hecho un exámen para saber si a Ud. le dió sarampión (o rubeola)?

[Yes] [No] [Don't know]

24. How many children do you expect to have altogether by the time you are 50?

▶Cuantos niños espera Ud. tener cuando llegue a los 50?

_____ (NUMBER)

25. May I ask you some questions about family planning?

▶Podría hacerle algunas preguntas sobre planificación familiar?

[Yes] [No] (TO Q31)

25a. If you were interested in getting information on how to keep from getting pregnant, with whom would you first discuss it? (CHECK ONE RESPONSE)

▶Si Ud. estuviera interesada en conseguir información sobre métodos para no tener niños, con quien lo discutiría primero?

_____A. friend - amigo
_____B. neighbour - vecino
_____C. doctor - doctor
_____D. public health nurse - enfermera de la salud publica
_____E. pharmacist - farmaceuta
_____F. family planning clinic - clinica de planificación familiar
_____G. Other (SPECIFY) Otro (EXPLIQUE) _____

26. Here is a list of ways women sometimes delay or prevent pregnancies. Please tell me the letter from this card of all methods you have heard about. (SHOW CARD AND CIRCLE BELOW)

▶Esta es una lista de las formas cómo las mujeres retrasan o evitan el embarazo. Por favor, dígame la letra que corresponde a los métodos de los que Ud. ha oído hablar.

CARD 1

A. Pill- Píldora
B. Diaphragm- Diafragma
C. Rhythm (calendar month) - Ritmo (días del mes)
D. Sterilization - Male (Vasectomy) - Esterilización del hombre (Vasectomía)
E. Foam - Espuma
F. Intrauterine device (IUD or Loop) - Dispositivo Intrauterino (Anillo)
G. Condom (Rubber) - Condones - preservativos
H. Withdrawal (Pulling out) - Interrumpir el coito
I. Abstinence - Abstinencia
J. Sterilization - Female (Tubes tied, hysterectomy) - Esterilización de la mujer (Amarrarle las trompas, histerectomía)
K. Douching - Duchas
L. Other (SPECIFY) - Otro (EXPLIQUE)

27. Are you now using any kind of contraceptive to keep from getting pregnant?

▶Está Ud. actualmente usando algún método para evitar tener familia?

Yes → Sometimes →

No (To Q29)

28. Could you tell me what kind of contraceptive you are now using? (SHOW CARD AND RECORD LETTERS)

▶Podría decirme que clase de contraceptivo (método) está Ud. usando ahora?

1. _____ 2. _____ 3. _____

29. Have you (and your husband) ever used any kind of family planning?

▶Ha usado Ud. (y su esposo) algún tipo de anticonceptivo?

Yes → No

29a. Could you tell me which methods? (SHOW CARD 1)
▶Puede decirme cuales métodos?

1. _____ 2. _____ 3. _____

30. Have you or your husband ever discussed birth control or family planning with a doctor, nurse or family planning counselor?

▶Alguna vez Ud. o su esposo han discutido planificación familiar con un doctor, enfermera o consejero?

[Yes] [No]

ARE THERE CHILDREN UNDER 18 IN THE HOME?

[Yes] ↓ [No] (TO Q45)

31. Now these next questions apply to all children under 18 living at home ... In addition to what you have already told me, do any of your children living at home have illnesses or disabilities that limit them in any way? ("limit" in so far as needing help in eating, dressing, or not being able to keep up in sports or play in school with other children.)

▶Las próximas preguntas aplican a todos los niños menores de 18 que viven en esta casa. Además de lo que Ud. me ha dicho, alguno de los niños sufre de alguna enfermedad o impedimento que lo limite de alguna forma (como por ejemplo, para comer, vestirse, para jugar, o para impedirle ir a la escuela?)

[Yes] ↓ [No] (TO Q32) [No children under 18]

31a. What is the condition or illness and how does it limit him/her?
▶Cual es el problema y como es que lo limita?

CHILD	CONDITION	LIMITATION

(IF YES, ASK NAME OF CHILD)

32. Have any of your children had trouble with their heart? [No] [Yes] → _____
▶Alguno de los niños ha tenido problemas del corazón?

33. Did any of your children ever have rheumatic fever? [No] [Yes] → _____
▶Alguno de los niños ha tenido fiebre reumática?

34. ....ever have trouble with breathing?
▶o ha tenido problemas para respirar? [No] [Yes] → _____

35. Does any child, who is not now wearing glasses, have trouble seeing? [No] [Yes] → _____
▶Alguno de los niños que no use lentes (anteojos), tiene problemas con la vista?

36. Does any child have trouble hearing? [No] [Yes] → _____
▶Alguno de los niños ha tenido problemas con los oídos?

37. Are any of your children taking prescription medicine or pills on a regular basis?

▶Hay algunos de los niños tomando medicina/s regularmente?

Yes ↓ No (To Q38)

37a. Which child is taking them and for what reason or diseases?
▶Cual niño las toma y porqué razón?

CHILD	DISEASES OR REASON

38. Do any of your children attend a special class or school? (For the blind, deaf, emotionally disturbed, mentally retarded)

▶Alguno de los niños asiste a una clase o a una escuela especial (para ciegos, para mudos, para retardados mentales, para problemas mentales, etc)

Yes ↓ No (TO Q39)

38a. Which child and what kind of class or school is this?

▶Cual de los niños y a que tipo de escuela o clase asiste?

CHILD	SCHOOL

39. Have any of your teenagers dropped out of school before finishing?

▶Alguno de los muchachos se ha retirado de la escuela secundaria antes de terminar?

[Yes] [No] (TO Q 40) [Not appicable] (no teenagers) (TO Q 40)

39a. Why did he/she drop out?
▶Porque se retiró? _____

40. To whom do most of your children usually go for health care?. (PROBE: NAME OF DOCTOR OR CLINIC, OTHER IDENTIFYING INFORMATION, ADDRESS, ETC.)

▶Generalmente, a donde van los niños cuando tienen problemas de salud?

NAME: _____

IDENTIFYING INFORMATION: _____

41. Was any child hospitalized within the past year?

▶Alguno de los niños fué hospitalizado durante estos 12 meses?

[Yes] [No]

42. Was a free immunization program held in your community in the last year?

▶Hubo un programa de inmunizaciones en esta area durante el año pasado?

[Yes] [No] (TO Q43) [Don't know] (TO Q43)

42a. Did you or any member of your family visit one of these clinics?
▶Hubo algún miembro de la familia que fué vacunado?

[Yes] (TO Q 43) [No]

42b. Why not?
▶Porqué? _____

43. Has each of your children had these immunizations or shots?
(READ DOWN LIST FOR EACH CHILD AND RECORD ON CHART, CHECK FOR "YES")

▶Digame si cada uno de los niños ha sido vacunado y si ha recibido las siguientes vacunas:

	CHILDREN						
Name - Nombre							
Diptheria - difteria							
Polio (oral) - polio							
Rubella -(German measles) Sarampión							
DPT - DPT (la triple)							
Mumps - paperas							
Tuberculin (TB skin tests) prueba de tuberculina							
Pertussin (whooping cough) Tos ferina							
Tetanus - Tetanos							

44. Health care also includes dental care. Now I'd like to ask you some questions concerning dental care for you and your family . . . Are you going to a dentist, now?

▶El cuidado de los dientes también es salud. Permitame hacerle algunas preguntas sobre cuidado dental de su persona y de su familia. En este momento está Ud. visitando un dentista?

[Yes] (TO Q 46)

[No] ↓

45. Do you think you need dental care now?
▶Cree Ud. que necesita servicio dental en el momento?

[Yes] ↓

[No] (TO Q46)

[Don't Know] (To Q46)

45a. Why are you not going to a dentist?
▶Porque no va al dentista? _____

_____

46. Which members of your family have been checked by a dentist in the past year?

▶Cuales miembros de la familia han sido examinados por un dentista en este año?

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

47. Problems often come up in life. Sometimes they're personal problems. Sometimes they're problems in a marriage. Or sometimes it's a personal problem with a child or a job. I'd like to ask you a few questions now about what you think a person might do to handle problems like this.

▶La vida está llena de dificultades. A veces son problemas personales. A veces son problemas matrimoniales, otras veces son problemas con un hijo O con el trabajo. Me gustaría preguntarle cómo piensa Ud. que una persona puede manejar problemas como estos.

47a. For instance, let's suppose you had a lot of personal problems and you're very unhappy all the time. Let's suppose you've been that way for a long time, and it isn't getting any better. What do you think you'd do about it?

▶Por ejemplo, supongamos que Ud. tuviera una cantidad de problemas y que por lo tanto Ud. es muy infeliz. Supongamos que esta situación es muy vieja y que no mejora de ninguna manera. Que haría Ud. en este caso?

[Talk to a doctor] (TO Q 48) [Talk to a friend] [Do nothing] [Talk to a priest] (TO Q 48)

[Talk to a relative] Other: (SPECIFY) _____

47b. (IF "OUTSIDE PROFESSIONAL SOURCE" MENTIONED GO TO Q 48, OTHERWISE ASK) Suppose these problems didn't get better no matter what you tried to do about them yourself, and you felt you had to have some outside help. Do you know of anyone or any place around here where you could find help?

▶Suponga que la situación no mejora por mucho que Ud. trata de solucionarla por si misma, y entonces decide que necesita la ayuda de otros. Conoce Ud. alguna persona o algún lugar cerca de aquí a donde Ud. podría ir por ayuda?

[Yes] [No]

↓

47c. Where is that?

▶Donde es? _____
(SPECIFY)

48. IS R MARRIED?

Yes ↓ No (TO Q50)

49. Suppose it was a problem in your marriage - you and your wife/husband just couldn't get along with each other. What do you think you would do about it?

▶Suponga que Ud. tiene un problema matrimonial - Ud. y su esposa/o no se llevan bien. Que cree que haría Ud. en este caso?

Talk to a priest (TO Q50) | Talk to a relative | Talk to a friend

Do nothing | Other (SPECIFY) _____

49a. (IF "OUTSIDE PROFESSIONAL SOURCE" MENTIONED GO TO Q50; OTHERWISE ASK ...) Do you think you would go anywhere to get some help with this problem?

▶Cree Ud. que iría a alguna parte en busca de ayuda para su problema?

Yes ↓ | No

49b. Where would you go?
▶Donde iría Ud.? _____

50. Sometimes when people have problems like those mentioned, they go some place for help. Sometimes they go to a doctor's office, or to a church. Sometimes they go to a special place for handling personal problems - like a mental health clinic or a marriage counselling center or social agency or clinic.
How about you - have you ever gone anywhere like that for advice and help with any personal problems?

▶Algunas veces, cuando la gente tiene problemas como aquellos mencionados, van a algún lugar en busca de ayuda. A veces van a visitar un doctor o van a la iglesia. A veces van a sitios que se especializan en tratar estos casos - tal como una clinica de salud mental, un consultorio matrimonial o una agencia de servicios sociales, una clinica, etc.
Ha usado Ud. alguna vez este tipo de servicios: tratar de recibir consejo y ayuda para sus problemas personales?

Yes ↓ | No (TO Q51)

50a. Where did you go for help? (PROBE FOR SPECIFIC NAMES OF SOCIAL AGENCIES)
▶ A donde fué? _____

50b. How did it turn out - do you think it helped you in any way?
▶Que pasó. Cree Ud. que le ayudó de alguna forma?

Yes (SKIP TO Q 52) | No (SKIP TO Q52)

51. Can you think of anything that's happened to you, any problems you've had in the past, where going to someone like this might have helped you in any way?

▶Puede pensar de algo que le pasó a Ud., problemas que tuvo en el pasado, en que el ir en busca de este tipo de ayuda puede haberle beneficiado en alguna forma?

Yes → 51a. What did you do about it?
▶Que hizo? _____

No → 51b. Why do you suppose that you didn't go for help?
▶Porqué cree Ud. que no buscó este tipo de ayuda?

_____

51c. Do you think you could ever have a personal problem that got so bad that you might want to go some place for help - or do you think you could always handle things like that yourself?

▶Ud. cree que algún día podría tener un problema personal que se pudiera poner tan grave que tuviera que ir a buscar ayuda - o cree que Ud. sería capaz de manejar la situación sin ninguna clase de ayuda?

Yes, would go for help | No, handle myself

52. There are a lot of other kinds of places that people go to with their problems. I have a list of places here. I'll read them off to you one at a time, and you tell me whether you've ever gone to a person or place like this with any personal problems.

▶Hay una cantidad de sitios y personas que la gente busca cuando tienen este tipo de problemas. Yo tengo aquí una lista de lugares. Voy a leerselos uno por uno y Ud. me dice si alguna vez ha ido a ellos en busca de ayuda para sus problemas.

52a. How about a lawyer? ▶Donde un abogado?	Yes	No
52b. How about a policeman, judge, or someone in the courts? ▶Donde un policía, juez, o donde alguien en los juzgados?	Yes	No
52c. How about an astrologer, fortuneteller, or palmist? ▶Donde un astrólogo, adivino, o palmista?	Yes	No

53. DOES R HAVE SCHOOL AGE CHILDREN?

[Yes] [No] (TO Q 55)

54. Did you ever talk to a teacher or someone else at school about any problems that one of your children was having?

▶Alguna vez tuvo Ud. que hablar con un maestro o alguna otra persona debido a que uno de sus niños tenía problemas?

[Yes] [No] (TO Q 55)

54a. What was that about?
▶Cual era el problema? _____

54b. How did it turn out?
▶Que pasó? _____

55. Have you ever gotten any help from reading a book, newspaper columnist, or other who advises on personal problems?

▶Se ha beneficiado de la lectura de un libro, de un escritor del periódico, u otros que dan consejos sobre problemas personales?

[Yes, Book] [No] (TO Q56)

[Yes, Newspaper columnist]

[Yes, Other] (SPECIFY) _____

55a. How did they help you?
▶Cómo le ayudaron? _____

_____

56. We are interested in seeing that people get the kinds of health care that they need. Please tell me which of the following services are very much needed, somewhat needed, or not needed by you and your family at the present time.

▶Estámos interesados en ver que la gente tenga los servicios de salud que ellos realmente necesitan. Por favor digame cual de los servicios siguientes son muy necesarios, poco necesario o no necesarios para Ud. y su familia en este momento.

	Very Muy	Some Poco	Not No
A. Dental care - cuidado dental	___	___	___
B. Visiting nursing services - enfermeras visitadoras	___	___	___
C. Mental health services - servicios de salud mental	___	___	___
D. One doctor taking care of the whole family - un doctor para toda la familia	___	___	___
E. Family Planning Services - Servicios de planificación familiar	___	___	___
F. Better nursing home facilities - mejores ancianatos ...	___	___	___
G. Clinics and doctor offices open nights and weekends - Centros de salud y consultorios abiertos día y noche y fines de semana	___	___	___
H. Health check-ups, and check-ups after you have been sick - chequeos y examenes después de que Ud. ha estado enfermo	___	___	___
I. Marriage counselling services - consejería matrimonial.	___	___	___
J. Drug and alcoholism counselling - consejería sobre drogas y alcoholismo	___	___	___
K. Health education services or classes - clases de educación en salud	___	___	___
L. Daycare or babysitting services - guarderías y cuidado de infantes	___	___	___
M. Better garbage and rubbish disposal - mejores servicios de disposición de basuras.....	___	___	___
N. Doctors located closer to your home - doctores localizados cerca a su casa	___	___	___
O. Better transportation to medical facilities - mejor transporte a los centros de salud	___	___	___
P. More chiropractic clinics and services - mas servicios de quiroprácticos	___	___	___
Q. Better sewage disposal - mejores sistemas de desagüe ..	___	___	___
R. Health counselling by public health nurses - consejería por parte de enfermeras de salud publica	___	___	___

57. Please tell me which <u>three</u> on the list are <u>most needed</u> by you and your family. (GIVE LETTERS FROM LIST)

▶Por favor digame cuales <u>tres</u> (3) son los que <u>mas necesita</u> Ud. y su familia.

1. _____ 2. _____ 3. _____

58. Which of these services have you or your family needed in the past and found that you couldn't get? (PROBE: ARE THERE ANY OTHERS?) (GIVE LETTERS FROM THE LIST)

▶Cuales de estos servicios no pudo Ud. conseguir cuando Ud. o su familia los necesitaba?

1. _____ 2. _____ 3. _____

59. The next questions relate to how much it costs you to get health care. Are members of this household covered by medical or hospital insurance (health insurance), other than Medicaid or Medicare?

▶Los próximas preguntas se refieren al precio que Ud. paga por los servicios de salud. Están los miembros de este hogar cubiertos por algún tipo de seguro de salud diferente a Medicaid o Medicare?

Yes (TO Q59a) | No (TO Q60) | Don't know (TO Q60)

59a. What kind of insurance is this?
▶Que clase de seguro es?

- ☐ Coverage through employment
  ·Seguro dado por el trabajo (la empresa)
- ☐ Blue Cross - Blue Shield (other than through employment)
- ☐ Other private insurance companies
  ·poliza de seguro de una compañía privada
- ☐ Military and V.A.
  ·Militar o Veteranos
- ☐ Other: (SPECIFY)_____

59b. Who in your household is covered by these plans?
▶Quien en esta casa está cubierto por estos planes?

All family members | Head of household only | Spouse of head only

Other (SPECIFY): _____

60. Has anyone in the household been enrolled in Medicaid (medical assistance) anytime in the past 12 months (since October, 1975)?

▶Alguien en esta casa ha estado inscrito en Medicaid durante este año pasado?

[Yes] [No] [Don't know]

61. Is there anyone on Medicare (Medical assistance for the elderly)?

▶Hay alguien con Medicare?

[Yes] [No] [Don't know]

62. If you do not have health insurance, is it because you couldn't afford it, weren't eligible to receive it, don't want it, or is there some other reason?

▶Si Ud. no tiene seguro de salud, es porque no podía comprarlo, porque no era elegible para recibirlo, por no quiere un seguro, o por alguna otra razón?

[Could't afford it] [Weren't eligible] [Didn't want it]

Other (SPECIFY) _____

63. Does the family have any unpaid hospital or doctor bills?

▶Tiene la familia cuentas de hospital o de doctores que no han sido pagadas todavía?

[Yes] [No]

64. Have you ever had to borrow money to pay a doctor or hospital bill in Wisconsin?

▶Alguna vez ha tenido que prestar dinero para pagar cuentas de hospital o de medicos aquí en Wisconsin?

[Yes] [No]

65. In the past year, has there been any medical or health care service which some member of the family needed, but didn't get because you couldn't afford it?

▶Durante el año pasado, hubo algún miembro de su familia que necesitó servicios de salud o medicos y no pudo conseguirlos por falta de dinero?

[Yes] [No] (TO Q 66)

65a. What service was this?

▶Que servicio era? _____

66. Since you have been in Wisconsin has any member of your family ever refused medical care, or admission to a hospital because you didn't have insurance or were unable to pay immediately?

▶Desde que Ud. vive en Wisconsin, algún miembro de su familia fué rechazado o le fué negada admisión a un hospital o a algún tipo de servicio por falta de un seguro o porque no pudo pagar imnediateamente?

Yes ↓ — No (SKIP TO Q68)

67. What service was this?
▶Cual servicio era éste? _____

68. Would you please tell me whether you agree or disagree with the following statements:

▶Por favor dígame si Ud. está o no de acuerdo con lo siguiente:

A.	I have great faith in doctors. Le tengo mucha fe al medico.	Agree	Disagree
B.	In general, I think doctors do a good job. Generalmente, creo que los medicos hacen las cosas bien.	Agree	Disagree
C.	In general, I think most doctors are overrated. En general, creo que la mayoría de los doctores son sobrestimados (endiosados).	Agree	Disagree
D.	There is much a person can do to keep from becoming sick. Hay muchas cosas que una persona puede hacer para no enfermarse.	Agree	Disagree
E.	If a person works at it he can stay in good health. Si uno trata duro, puede mantener una buena salud.	Agree	Disagree
F.	When there are colds going around I am sure to get one no matter how much I try to avoid it. Durante la epoca de resfriados no importa que haga para evitarlo, que me voy a resfriar.	Agree	Disagree
G.	If you are going to get sick, you are going to get sick; no use worrying about it. Si Ud. se va a enfermar, se va a enfermar; así que no hay porque preocuparse de eso	Agree	Disagree
H.	As long as you feel all right, there is no reason to go to a doctor. Mientras uno se sienta bien, no tiene razón para ir al medico.	Agree	Disagree
I.	I would rather not go to a doctor unless I have to. Prefiero no ver un medico al menos de que lo necesite.	Agree	Disagree
J.	Even if a person is not sick, he should see a doctor at least once a year for a routine check-up. Una persona debe ir al doctor una vez al año para un un chequeo de rutina aunque no esté enferma.	Agree	Disagree

69. Do you have any trouble with your nerves?
▶Tiene Ud. problemas con los nervios?

[Yes] [No] (TO Q70)

69a. What does that mean to you?
▶Cómo entiende Ud. esto? _____

69b. Are you taking any medication or pills for your nerves?
▶Está Ud. tomando medicinas o pildoras para los nervios?

[Yes] [No]

69c. During the past 12 months, have you been seeking help for nervous troubles or emotional problems?
▶Durante los últimos 12 meses, ha buscado ayuda para sus problemas nerviosos o emocionales?

[Yes] [No]

70. Do you drink alcoholic beverages (incl. beer) often, occasionally, seldom, or never?

▶Toma Ud. bebidas alcoholicas (incl. cerveza), a menudo, ocacionalmente, o muy rara vez?

[Often] [Occasionally] [Seldom] [Never] (TO Q70b)

70a. Have you or any member of the household ever had difficulty because of too much drinking?
▶Ud. o algún miembro de su familia ha tenido problemas o dificultades por embriaguez?

[Yes] [No] [Don't know]

70b. Do other members of the household drink alcoholic beverages?
▶Hay otras personas de su familia que toman bebidas alcoholicas?

[Yes] [No]

71. IS R MARRIED?

[Yes] [No] (TO Q73)

72. Does he/she have any trouble with his/her nerves?

▶Tiene el/ella problemas de los nervios?

[Yes] [No] (TO Q73)

72a. In what way?
▶De qué manera? _____

72b. Is he/she talking any kind of medicine or pills for his nerves?
▶Está tomando algún medicamento o pildoras para los nervios?

[Yes] [No] [Don't know]

72c. During the past 12 months, has he/she been seeking help for nervous troubles or emotional problems?
▶Durante los últimos 12 meses, ha buscado ayuda para sus problemas nerviosos o emocionales?

[Yes] [No] [Don't know]

73. Do you feel that there are Spanish-speaking persons who are not using services that may be available to them for which they have a need?

▶Cree Ud. que hay personas de habla española que no están usando los servicios que hay disponibles y los cuales necesitan?

[Yes] [No]

73a. What and why? (DESCRIBE)
▶Qué y porqué _____

_____

_____

_____

74. Are you aware of any kinds of health problems which seem to be unique or more frequent among the Spanish-speaking population?

▶Conoce Ud. de alguna clase de problemas de salud que sean mas frecuentes entre la población de habla Hispana?

[Yes] [No] (TO Q76)

74a. DESCRIBE _____

_____

_____

_____

75. Have you had difficulty securing adequate health care due to language difficulties?

▶Ha tenido Ud. problemas debido a dificultades con la lengua?

[Yes] [No] (SKIP TO Q76)

75a. Would you say [Rarely], [Occasionally] or [Often]?
▶Diría Ud. Muy rara vez, Ocacionalmente o A Menudo?

76. Is it ever necessary to have family members or friends go with you to interpret?

▶Es necesario que alquien que hable Ingles la acompañe a ver al doctor?

[Yes] [No] (SKIP TO Q77)

76a. Are these [friends] or [family members]?
▶Son amigos o familiares?

76b. Are these [adults] or [children]?
▶Son adultos o niños?

76c. Do you feel that these translations are usually [Good], [Fair] or [Poor]?

▶Cree que las traducciones son en general Buenas, Regulares, o Malas?

77. Is the doctor or are members of the staff where you seek health care bilingual in Spanish and English? By that I mean are they able to translate without problems in providing service to you?

▶El personal del lugar a donde Ud. Va, o el médico que la atiende hablan español? En otras palabras, son ellos capaces de traducir y entender para brindarle un buen servicio?

[Yes] [No]

78. If your doctor, clinic or agency were bilingual do you fell this would be a help to you?

▶Si el médico, el centro o la agencia fueran bilingues (que hablaron Ingles y Español),cree que esto sería una ayuda para Ud.?

[Yes] [No]

78a. Why?
▶Porqué? _____

_____

_____

79. When you receive written instructions are they in Spanish?

▶Cuando Ud. recibe instrucciones escritas, están en Español?

[Yes] (SKIP TO Q80)

[No]

79a. If they are in English, do you need help to interpret them?
▶Si están en Ingles, necesita Ud. ayuda para entenderlas?

[Yes] [No]

80. Would you please tell me whether you have ever heard of any "outreach" specifically aimed at the Spanish-speaking population in this area. That is, active attempts by an organization to locate persons and inform and direct them to needed services.

▶Por favor digame si Ud. ha oído de algún programa de promoción especialmente dirigido a los Hispanos de esta area, o sea algún esfuerzo activo de alguna organización para localizar las personas e informarles sobre servicios disponibles?

[Yes] [No] (SKIP TO Q81)

80a. What ones?
▶Cuales? _____

_____

80b. Have you personally ever had any contact with "outreach" programs?
▶Ha tenido Ud. algún contacto personal con estos programas?

[Yes] [No] (SKIP TO Q81)

80c. What ones?
▶Cuales? _____

_____

81. Have you ever heard of any programs for health education? That is, information or brochures to educate persons about health or mental health care; or preventive services such as immunization, maternal health care, etc.

▶Ha oído algo sobre problemas de educación en salud? O sea, información o folletos para educar a la gente sobre aspectos de salud o de saluá mental; o sobre servicios preventivos tales como vacunación, cuidado materno, cuidado del bebé, etc.

[Yes] [No] (SKIP TO Q82)

81a. What ones?
▶Cuales? _____

_____

81b. Have you personally had any contact with programs?
▶Ha tenido Ud. contacto personal con estos programas?

[Yes] [No] (SIP TO Q82)

81c. What ones?
▶Cuales? _____

_____

82. Are you interested in getting more information about outreach programs?

▶Está Ud. interesada en conseguir más información sobre programas de promoción?

[Yes] [No] (SKIP TO Q83)

82a. What type of outreach programs are you interested in?
▶Qué tipo de programas de promoción le interesan a Ud.?

_____

_____

Now we'd like to get some background information to help us interpret the results of this study.

▶Ahora me gustaría conocer otra información que nos será de mucha utilidad para interpretar los resultados de este estudio.

83. How long have you lived in Dane (Dodge, Jefferson) county?

▶Cuanto tiempo hace que víve en este condado?

[All my life] (SKIP TO Q85) or _____ (MONTHS OR YEARS)

84. Where did you (R) live before that? _____
▶Donde vivía antes? CITY STATE

84a. Where were you born? _____
▶Donde nació Ud.? CITY STATE COUNTRY

84b. Where was your spouse born? _____
▶Donde nació su esposa/o? CITY STATE COUNTRY

85. What is your ethnic heritage?
▶De donde son sus antepasados?

[Mexican] [Spanish] [Puerto Rican] [Cuban]

Other (SPECIFY) _____

85a. What is your husband's/wife's ethnic heritage? [No Spouse]
▶De donde són los antepasados de su esposo/a?

[Mexican] [Spanish] [Puerto Rican] [Cuban]

Other (SPECIFY) _____

86. Now I have some additional questions. Will you please tell me if the following things happened to you many times, sometimes, hardly ever, or never?

▶Tengo algunas preguntas adicionales. Por favor dígame si Ud. ha pasado por alguna de las siguientes situaciones muchas veces, algunas veces, muy pocas veces, o nunca.

	Many times	Some-times	Hardly ever	Never
86a. How often do you think about your mother-land? - Qué tan a menudo piensa Ud. sobre su tierra?	___	___	___	___
86b. How often do you think of returning there for a visit? - Qué tan a menudo piensa en volver a visitarla?	___	___	___	___
86c. How often do you feel lonely or or homesick? - Qué tan a menudo siente Ud. nostalgia?	___	___	___	___

86d. When was the last time you visited there? - Cuando fué la última vez que estuvo allá?

_____ MONTHS OR _____ YEARS [Never] [Doesn't apply]

86e. When was the last time your relatives visited you here? - Cuando fué la última vez que sus familiares vinieron a visitarla?

_____ MONTHS OR _____ YEARS [Never] [Doesn't apply]

86f. Are you making plans to return permanently? - Está Ud. haciendo planes para regresar definitivamente? [Yes] [No] [Doesn't apply]

87. Have you been a migrant labourer in the past three years?

▶Ha sido Ud. un trabajador migrante durante los tres últimos años?

[Yes] [No]

88. Has your husband/wife been a migrant labourer in the past three years?

▶Ha sido su esposo/a un trabajador/a migrante durante los tres últimos años?

[Yes] [No] [No Spouse]

89. Can you tell me why you chose this area in which to settle?

▶Puede decirme porqué escogió esta area para vivir?

_____

_____

_____

_____

90. I am going to read a list of problems which some new residents often face. Can you please tell me if any of these problems were difficult or not difficult for you and your family.

▶Le voy a leer una lista de problemas que toda persona nueva en un sitio tiene que afrontar. Podría decirme si algunas de estas situaciones fueron o no fueron difíciles para Ud. y su familia.

90a. Finding a permanent place to live. Hallar un sitio permanente para vivir.	Difficult	Not difficult
90b. The cost of living. El costo de la vida.	Difficult	Not difficult
90c. Children adjusting to new schools. Los niños acostumbrarse a la nueva escuela.	Difficult	Not difficult
90d. Finding new health care services. Encontrar nuevos servicios de salud.	Difficult	Not difficult
90e. Leaving your friends and family behind. Tener que dejar sus amigos y su familia.	Difficult	Not difficult

90f. Are there other problems you found difficult?
Encontró algunas otras dificultades?

[Yes] ↓ [No] (TO Q91)

90g. Please explain.
Explique: _____

_____

91. Do you own or rent the place where you live now?

▶Esta casa, o apartamento es de su propiedad o es arrendado?

[Own] [Rent] Other (SPECIFY) _____

92. How do you feel about the size of your living quarters, are they too large, too small, or just about right for your needs?

▶Ud. cree que el tamaño de esta casa es muy grande, muy pequeño, o es justo para las necesidades de su familia?

[Too large] [Too small] [About right] [Don't know]

93. How often do you get together informally with relatives?

▶Que tan a menudo se visita con sus familiares?

[Once a week or more] [Two or three times a month] [Once a month]
[A few times a year or less] [Never]

94. How often do you get together informally with friends?

▶Que tan a menudo se reune Ud. con sus amigos informalmente?

[Once a week or more] [Two or three times a month] [Once a month]
[A few times a year or less] [Never]

95. How often do you go out for eating, drinking, or seeing a movie?

▶Que tan a menudo va Ud. a comer a un restaurante, a tomarse un trago, o a ver una pelicula?

[Once a week or more] [Two or three times a month] [Once a month]
[A few times a year or less] [Never]

96. Do you read any newspapers regularly?

▶Lee Ud. los periódicos regularmente?

[Yes] [No]

97. Do you listen to any Spanish-speaking radio programs?

▶Escucha algún programa radial en Español?

[Yes] [No]

97a. Which ones?
▶Cuales? _____

98. How many years of schooling did you complete?

▶Cuantos años de escuela completó Ud.?

_____ years of school _____ years of college

99. Have you also had any vocational, technical, or business school training?

▶Fué Ud. a alguna escuela vocacional, técnica, o de secretariado?

[Yes] [No] (TO Q100)

99a. What type?
▶Qué clase? _____

100. (IF MARRIED) And what about your spouse? How many years of schooling did he/she complete?

▶Y su esposo/a. Cuantos años de escuela completó?

_____ years of school _____ years of college

101. Has he/she had any vocational, technical, or business school training?

▶Fué a alguna escuela vocacional, técnica, o de negocios?

[Yes] [No] (TO Q102)

101a. What type?
▶Que clase? _____

102. What is your religious preference, now, if any?

▶Cual es su preferencia religiosa ahora, si es que la tiene?

[None] [Protestant] [Catholic] [Jehovah's Witness]

Other (SPECIFY) _____

103. About how often do you usually attend religious services? Would you say:

▶Que tan a menudo va Ud. a la iglesia? Diría Ud:

Once a week or more	Two or three a month	Once a month
A few times a year or less	Never	

104. Do you have any activities which take you away from home such as clubs, classes, church groups, volunteer work, recreation, etc., other than jobs or working?

▶Tiene Ud. algún tipo de actividades que la sacan de la casa tales como clases, clubes, grupos religiosos, trabajo voluntario, recreación, u otro tipo de actividad que no sea trabajo?

Yes → 104a. What are these acivities? (RECORD ON CHART BELOW)
▶Cuales son estas actividades?

No (TO Q105)

104b. (IF MARRIED) And how about your spouse. Does he/she have such activities? (RECORD BELOW)

▶Y su esposo/a. Tiene este tipo de actividades?

Yes No

104a. Respondent activities	104b. Spouse activities

105. Now I have some questions about you and members of your household who are presently working.

▶Tengo algunas preguntas sobre Ud. y los miembros de la familia que trabajan.

105a. Who in the household does have a job? (FILL IN NAME BELOW)
▶Quienes están trabajando?

105b. What kind of work does _____ do?
(REPEAT FOR ALL WORKING MEMBERS AND RECORD BELOW)

▶Que clase de trabajo hace _____ ?

105c. Is this full time, part time or seasonal?
▶Es tiempo completo, tiempo parcial, o estacional?

105d. (IF SEASONAL) Is that permanent or temporary?
▶(SI ES ESTACIONAL), Es permanente o es temporal?

(105a) Name or Relationship to Head	(105b) Kind of Work	(105c) Full Time	(105c) Part Time	(105d) Seasonal	
				Permanent	Temporary
1.					
2.					
3.					
4.					
5.					

106. Just roughly, what was your total family income in 1975, considering all sources, such as rents, profits, wages, interest and so on. Here is a card showing yearly income. Next to each amount is a letter. Would you tell me what letter represents your income? (SHOW CARD 2 AND CIRCLE LETTER MENTIONED)

▶Aproximadamente, cual fué el ingreso total de la familia en 1975, considerando todas las fuentes de ingreso tales como rentas, ganancias, salarios, intereses, etc. Esta tarjeta tiene valores de ingreso anual. Cada cantidad esté marcada con una letra. Podría decirme que letra representa el ingreso total de la familia?

CARD 2

A. Under $1,000	H. $7,000 - $7,999
B. $1,000 - $1,999	I. $8,000 - $8,999
C. $2,000 - $2,999	J. $9,000 - $9,999
D. $3,000 - $3,999	K. $10,000 - $14,999
E. $4,000 - $4,999	L. $15,000 - $19,999
F. $5,000 - $5,999	M. $20,000 or over
G. $6,000 - $6,999	

INTERVIEW PRIMARILY IN [ ] ENGLISH
[ ] SPANISH
[ ] BOTH

INTERVIEWER'S SUPPLEMENT

1. Time interview ended. a.m. p.m. _____

2. Make sure you completely filled in all data requested in both listing boxes on the Cover Sheet.

3. (IF R REFUSED TO GIVE TOTAL FAMILY INCOME), Estimated Total Family Income for 1971.
$_____

4. R's race is: /White/ /Negro/ Other: _____

5. R's cooperation was: /Very good/ /Good/ /Fair/ /Poor/

6. R's sex is: /Male/ /Female/

7. Other persons present at interview were: /None/ /Children under 6/ /Older children/ /Spouse/ /Other relatives/ /Other adults/
(CHECK MORE THAN ONE BOX IF NECESSARY)

8. This housing unit is in a structure that contains: /One HU only/ /2-9 HU's/ /10 or more apartments/ /Rooming House/ Other: _____

THUMBNAIL SKETCH

_____

_____

_____

_____

_____

_____

_____

_____

_____

Appendix B

Table B-1

Comparison of Selected Household Characteristics in Hispano Survey With Dane County Survey, 1973, Wisconsin, 1970 and U.S., 1970

Households	Hispano Survey	Dane County Survey	1970 Wisconsin	1970 USA
Total number of households	133	554		
Total number of persons in households	518	1871		
Adults	272	1114		
Children	246	757		
Sex of head of household	(Percent)	(Percent)	(Percent)	(Percent)
Male	84.2	87.9	93.7	79.7
Female	15.8	12.1	6.3	20.3
Household size				
One	15.0	11.1	16.9	46.9
Two	9.8	28.3	29.5	
Three	18.0	16.8	16.0	17.1
Four	24.1	19.6	14.7	15.5
Five	16.5	12.0	10.2	10.2
Six or more	16.6	12.2	12.7	10.3
	100.0	100.0	100.0	100.0
Average number of persons per household	3.9	3.4	3.2	3.2
Mean number of children per household	1.8	1.4		
Proportion of households with no children	37.5	44.4		
Sex of persons in household				
Male	50.2	49.8		
Female	49.8	50.2		
Age distribution of persons in household				
Less than 5	12.8	10.9		
5 - 14	29.4	23.0		
15 - 19	10.2	10.5	(15-20)	
20 - 44	35.0	35.8	(21-45)	
45 - 64	11.6	14.3	(46-65)	
65+	1.0	5.5	Over 65	

(Table continued on next page.)

Table B-1 continued:

Households	Hispano Survey	Dane County Survey	1970 Wisconsin	1970 USA
Family Income	1975	1972	1969	1969
Less than $3,000	6.8	7.0	8.2	8.9
$3,000 - 3,999	6.8	3.4	4.3	5.1
$4,000 - 4,999	8.3	4.2	4.4	5.3
$5,000 - 5,999	9.0	3.8	4.8	5.8
$6,000 - 6,999	9.0	4.0	5.4	6.0
$7,000 - 7,999	12.0	5.5	6.6	
$8,000 - 8,999	3.8	5.9	7.9	19.9
$9,000 - 9,999	10.5	4.4	7.8	
$10,000 - 14,999	19.5	33.5	30.7	26.8
$15,000 or more	14.3	28.3	19.8	22.3

Table B-2

Conditions Bothering Hispanos "Some" or "Very Much,"
Compared to Dane County Sample

Condition	Hispano Survey (Percent)	Dane County Survey (Percent)
Headaches	46.6	35.2
Nervousness	42.1	30.8
Backache	33.1	30.5
Irritability	32.4	31.2
Low spirits	28.6	24.6
Trouble sleeping	26.3	22.1
Eye trouble	25.5	32.0*
Coughing	23.3	14.8
Sinus trouble	23.3	39.9*
Menstrual problems (percent of females)	22.0	18.1
Tooth or gum trouble	19.6	17.2
Stomach Pains	18.8	11.1
Hay Fever	17.3	9.4
Chest pain	16.6	11.1
Shortness of breath	16.5	13.9
Arthritis	15.0	19.8*
High blood pressure	12.8	12.8
Ear trouble	11.3	13.2*
Kidney trouble	11.3	7.4
Bladder trouble	10.5	8.9
Rashes	7.6	8.2*
Swollen joints	7.5	11.2*
Asthma	2.3	5.0*

* Condition for which Dane County sample reported a higher percent.

Appendix C

Characteristics of Foreign Students

Twenty-two families in this study were foreign student families, that is, people who were foreign born and living in this area only because the husband, wife, or both were studying at the University of Wisconsin-Madison. These 22 families had a total of 72 people, including 44 adults and 28 minors, with a mean household size of 3.27. There were 20 married couples; 14 had children living with them, one had children and a grandmother, and five had no children. There were also two male adults living alone. The following tables present additional information about the age and sex distribution, ethnic heritage, birthplace, length of time living in county were interviewed, and income for these 22 households.

Table C-1

Age and Sex Distribution of Foreign Students

Age	Male	Female	Total	
			Number	Percent
0 - 4 years	8	3	11	15.3
5 - 9	4	9	13	18.0
10 - 14	2	2	4	5.6
20 - 24	2	4	6	8.3
25 - 29	10	9	19	26.4
30 - 34	4	5	9	12.5
35 - 39	4	2	6	8.3
40 - 44	1	0	1	1.4
50 - 54	0	1	1	1.4
No information	1	1	2	2.8
	36	36	72	100.0

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Table C-2

Ethnic Heritage

Heritage	Respondent	Spouse
Mexican	4	4
Spanish	5	4
Brazilian	2	2
Puerto Rican	1	1
Cuban	1	1
Peruvian	1	1
Colombian	1	1
Venezuelan	1	1
Uruguayan	1	1
Latin American	1	1
Mexican & Spanish	1	1
Spanish & Chilean	0	1
Non-Hispanic	3	1
	22	20

Table C-3

Birthplace

Country	Respondent	Spouse
Mexico	4	4
Chile	4	4
Brazil	2	2
Argentina	0	2
Puerto Rico	1	1
Costa Rica	1	1
Cuba	1	1
Peru	1	1
Bolivia	1	1
Nicaragua	1	1
Colombia	1	1
Venezuela	1	1
Spain	1	0
United States	3	0
	22	20

Table C-4

How Long Respondent Has Lived in County Where Interviewed

	Number
One year or less	1
Two years	8
Three years	9
Four to six years	4

Table C-5

Household Income

	Number
Less than $1,000	2
$3,000 - 3,999	3
$4,000 - 4,999	2
$5,000 - 5,999	6
$6,000 - 6,999	1
$7,000 - 7,999	3
$8,000 - 8,999	1
$9,000 - 9,999	2
$10,000 - 14,999	2
	22

Appendix D

Findings in Dane County Compared with Dodge and Jefferson Counties

Some of the survey information was separated into two groups for comparison: one group consisted of 78 households in Dane County, where all but three households were located in the city of Madison; the other group consisted of 55 households in Dodge and Jefferson counties, which included smaller towns and rural areas. When various responses from these two groups were compared, no differences appeared in such areas as family size, health care, health insurance, language difficulties and adjustment to the community.

Differences between these two groups did appear in other areas. The great majority of the Dodge and Jefferson County respondents and their spouses went to a private doctor, usually a general practitioner, when they were sick, while the majority of Dane County respondents and spouses went to a clinic, and saw no specific doctor. The respondents and spouses in Dodge and Jefferson counties reported more acute care and less preventive care. Nine percent of the respondents and 22 percent of their spouses in these counties last went to a doctor because of an injury, as opposed to three percent of the respondents and seven percent of the spouses in Dane County. Corresponding to this, the proportion who last went to a doctor for a general checkup was almost 60 percent for Dane County and only 42 percent for Dodge and Jefferson County respondents.

The proportion of respondents who were going to a dentist was similar for both groups, but the number of families who had not received dental care recently was much higher in Dodge and Jefferson counties. (See Table D-1.)

About 78 percent (21 out of 27) of the people who had been migrant workers in the past three years were residents of Dodge and Jefferson counties.

More of the Dodge and Jefferson County respondents listened to Spanish-speaking radio programs (73 percent vs. 51 percent for Dane

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Table D-1

Household Members Who Have Been
to a Dentist in the Last 12 Months

	All Family Members		Some Family Members		No Family Members		No Information	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Dane County	24	30.8	39	50.0	15	19.2	0	-
Dodge and Jefferson Counties	5	9.1	28	50.9	20	36.4	2	3.6

Table D-2

Respondent's Contact With Outreach Services

	Heard of Outreach		Used Outreach	
	Number	Percent	Number	Percent
Dane County	33	42.3	16	20.5
Dodge and Jefferson Counties	29	52.7	19	34.6

County), and read a newspaper regularly (67 percent vs. 56 percent). It is not surprising then, that more of the Dodge and Jefferson County respondents also had heard of and used outreach services, as shown in Table D-2.

A larger proportion of the Dane County respondents had heard of health education programs, but the Dodge and Jefferson respondents had made more use of them. And about 55 percent of these respondents wanted more information about outreach programs, contrasted with 42 percent of Dane County respondents.

At the time of the survey, the health services needed by the respondents and their families in all three counties were very similar, with the exception that Dodge and Jefferson respondents ranked "one doctor for the whole family" first, compared with "dental care" which was ranked first by Dane County respondents. (See Table D-3.) In

addition, for 16 of the 18 services mentioned, a greater proportion of respondents in Dodge and Jefferson than in Dane, felt that these services were needed "very much." This probably reflects the lower level of health services available in Dodge and Jefferson counties as well as a stronger demand for services.

Table D-3

Health Services Needed "Very Much" by
Respondent and Family at Time of Interview

	Dane County			Dodge and Jefferson Counties		
Services Needed	Number	Percent	Rank	Number	Percent	Rank
Dental care	49	62.8	1	28	50.9	4
Clinics and doctor offices open nights and weekends	43	55.1	2	29	52.7	2.5
Health and Post-illness checkups	37	47.4	3	29	52.7	2.5
One doctor for whole family	34	43.6	4	30	54.6	1
Daycare or babysitting services	21	26.9	5	23	41.8	5
Doctors located closer to home	19	24.4	6	21	38.2	7
Better transportation to medical facilities	16	20.5	7	18	32.7	8
Visiting nurse services	13	16.7	8	16	29.1	9.5
Health education services	12	15.4	9	22	40.0	6
Mental health services	11	14.1	10	16	29.1	9.5
Health couseling by public health nurses	9	11.5	11	15	27.3	11.5
Family planning services	8	10.3	12	11	20.0	14
Marriage counseling services	7	9.0	13.5	15	27.3	11.5
Better garbage and rubbish disposal	7	9.0	13.5	9	16.4	17
Better nursing home facilities	6	7.7	15.5	10	18.2	15.5
More chiropractic clinics and services	6	7.7	15.5	10	18.2	15.5
Drug and alcoholism counseling	5	6.4	17.5	14	25.5	13
Better sewage disposal	5	6.4	17.5	6	10.9	18

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